A National Study of Resource-Based Relative Value Scales for Physician Services: Phase I

561

Volume 6

National Survey Questionnaires for 18 Specialties
Materials Mailed to National Survey Respondents

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A NATIONAL STUDY OF RESOURCE-BASED RELATIVE VALUE SCALES FOR PHYSICIAN SERVICES

FINAL REPORT : Phase I (vol 6)

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National Survey Questionnaires

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Appendix I

COVERSHEET NUMBER ____________

INTERVIEWER ______________________________

INTERVIEWER ID# ________________

FOR OFFICE USE

NATIONAL PHYSICIANS SURVEY

(ALLERGY AND IMMUNOLOGY)

Center for Survey Research
University of Massachusetts-Boston

and

Harvard School of Public Health

February/March, 1987

A & I

Appendix I

Before we start, let me tell you a few things about this survey. The Center for Survey Research at the University of Massachusetts is conducting interviews for the Harvard School of Public Health. The sponsor of the project is the Health Care Financing Administration. We are interested in the complexity and time involved in certain medical procedures and services. You will be asked about procedures which are common in your specialty. Data collected in this study may be used in physician reimbursement policy.

Your answers are completely confidential and will never be used in any way that could link them to you. They will be combined with other answers for statistical analysis.

Do you have any questions before we start?

Appendix I

TIME NOW: ____________

A. PROCEDURE OR SERVICE TIME

First, I'd like you to tell me how many minutes it usually takes you to complete each of the set of procedures. The list was in the packet of information you received in the mail.

AA. Do you have the list in front of you?

1 ☐ YES

2 ☐ NO

* * * * * *

In this section, we only want you to count the time it takes for you to do the procedure itself on the average patient; do not count time you spend either before or after the service described.

On average, how long does it take to do (the/a/an) (READ EACH).....

MINUTES

A1. Follow-up office visit for pharmacological management of 30 year old female with hay fever. ________

A1a. Intracutaneous, intradermal, tests with stinging insects, immediate reaction (15-20 min) 11-15 tests. ________

A2b. Office visit, established patient, 6 year old child with sore throat and headache. ________

A3c. Percutaneous tests with allergenic extracts, 1st 30. ________

A4d. Intradermal tests with allergenic extracts, 1st 10. ________

A5e. Direct hospital admission for care of young adult patient, who has failed previous therapy and now presents in acute asthmatic attack. ________

A6f. Initial office visit for evaluation of child with chronic wheezing. ________

A7g. Single injection for immunotherapy, antigen supplied by another source. ________

A8h. Interpretation of pulmonary function tests, FVC, FEV, FEF. ________

A9i. Fibroscopic exam of nasal, choanal, pharynx for nasal polyps. ________

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A10j. Inhalation bronchial challenge testing with histamine, methacholine, or similar compound; not including necessary pulmonary function tests. ________

A11k. Professional services for supervision and provision of antigens for allergen immunotherapy. ________

A12l. Evaluation of 6 year old male with multiple infections, new patient. ________

A13m. Application and reading of intradermal tests with antigens for immune deficiency evaluation. ________

A14n. Initial office evaluation of adult with chronic recurrent hives, new patient. ________

A15o. Office visit with 45 year old male, established patient, with chronic asthma, on chronic steroid and bronchodilator therapy. ________

A16p. Medical conference by physician regarding medical management with patient and/or family; counseling for avoidance, elimination, symptomatic treatment, and immunotherapy. ________

A17q. Interpretation of serum immunoelectrophoresis. ________

A18r. Direct hospital admission of 62 year old smoker established patient with bronchitis, in acute respiratory distress. ________

B. TIME REQUIRED

We also would like an estimate of time you spend with the average patient before and after you provide a service for these procedures.

B1. For example, when you do a follow-up office visit for pharmacological management of 30 year old female with hay fever how many minutes, on average, is needed before hand for preparation for seeing the patient, including reviewing records and communicating with other physicians?

__________ MINUTES

B1a. For the same patient, how many minutes on average is needed after you finish seeing the patient for arranging for further lab studies, consultations, x-rays or other tests, reviewing results of studies, and further communications with the patient and other physicians, including written and telephone reports?

__________ MINUTES

B2. When you do an office visit, established patient, 6 year old child with sore throat and headache, how many minutes, on average, is needed beforehand for preparation for seeing the patient, including reviewing records and communicating with other physicians?

__________ MINUTES

B2a. For the same patient, how many minutes on average is needed, after you finish seeing the patient for arranging for further lab studies, consultations, x-rays or other tests, reviewing results of studies, and further communications with the patient and other physicians, including written and telephone reports?

__________ MINUTES

B3. When you do an office visit with 45 year old male, established patient, with chronic asthma, on chronic steroid and bronchodilator therapy, how many minutes, on average, is needed beforehand for preparation for seeing the patient, including reviewing records and communicating with other physicians?

___________ MINUTES

B3a. For the same patient, how many minutes on average is needed after you finish seeing the patient for arranging for further lab studies, consultations, x-rays or other tests, reviewing results of studies, and further communications with the patient and other physicians, including written and telephone reports?

___________ MINUTES

C. MAGNITUDE ESTIMATION: WORK (1)

Next let's talk about how much work is involved in various procedures you perform within your specialty. The packet we sent to you discussed the method we would like you to use for comparing the procedures. If you have the packet handy, it would be helpful for you to look at a description of the magnitude estimation method as I review it briefly.

The standard for all the ratings will be a follow-up office visit for pharmacological management of 30 year old female with hay fever. Call this 100. Now with the standard as 100, compare it to each of the other procedures as I read them to you. If the procedure or service I mention is twice as difficult, then your answer would be 200. A procedure half as difficult would be 50, five times as difficult would be 500 and so on.

I am going to ask you to compare each of the procedures to the standard on each of the five dimensions listed at the bottom of the Procedures and Services page. The first dimension is an overall rating of the total amount of work, that is the total time and effort the procedure requires. This is an overall rating that includes the time it takes to complete the procedure and the three components that reflect its complexity -- technical skill and physical effort, mental effort and judgement, and concern about iatrogenic risk. After we complete the ratings of total work, we will ask you to individually rate each of the other dimensions listed and to provide a summary rating of each procedure's complexity.

In all cases, we want you to try to respond in terms of the average or typical patient requiring the procedure or service.

Do you have any questions about the way I want you to compare the procedures, or what we mean by work?

O.k. let's start.

If a follow-up office visit for pharmacological management of 30 year old female with hay fever has a rating of 100, what number would you assign to the total amount of work involved in (the/a/an) (READ EACH)......

NUMBER

C1a. Intracutaneous, intradermal, tests with stinging insects, immediate reaction (15-20 min) 11-15 tests. ________

INTERVIEWER CHECK: So this procedure requires about _____ total amount of work as the standard?

C2b. Office visit, established patient, 6 year old child with sore throat and headache. ________

INTERVIEWER CHECK: So this procedure requires about _____ total amount of work as the standard?

C3c. Percutaneous tests with allergenic extracts, 1st 30. ________

C4d. Intradermal tests with allergenic extracts, 1st 10. ________

C5e. Direct hospital admission for care of young adult patient, who has failed previous therapy and now presents in acute asthmatic attack. ________

C6f. Initial office visit for evaluation of child with chronic wheezing. ________

C7g. Single injection for immunotherapy, antigen supplied by another source. ________

C8h. Interpretation of pulmonary function tests, FVC, FEV, FEF. ________

C9i. Fibroscopic exam of nasal, choanal, pharynx for nasal polyps. ________

C10j. Inhalation bronchial challenge testing with histamine, methacholine, or similar compound; not including necessary pulmonary function tests. ________

C11k. Professional services for supervision and provision of antigens for allergen immunotherapy. ________

INTERVIEWER CHECK: So this procedure requires about _____ total amount of work as the standard?

C12l. Evaluation of 6 year old male with multiple infections, new patient. ________

C13m. Application and reading of intradermal tests with antigens for immune deficiency evaluation. ________

C14n. Initial office evaluation of adult with chronic recurrent hives, new patient. ________

C15o. Office visit with 45 year old male, established patient, with chronic asthma, on chronic steroid and bronchodilator therapy. ________

C16p. Medical conference by physician regarding medical management with patient and/or family; counseling for avoidance, elimination, symptomatic treatment, and immunotherapy. ________

C17q. Interpretation of serum immunoelectrophoresis. ________

C18r. Direct hospital admission of 62 year old smoker established patient with bronchitis, in acute respiratory distress. ________

D. MAGNITUDE ESTIMATION (2):
LEVEL OF TECHNICAL SKILL AND PHYSICAL EFFORT

Now we want you to rate the same procedures with respect to the level of technical skill and physical effort, including the manual skill and dexterity they require.

If a follow-up office visit for pharmacological management of 30 year old female with hay fever has a rating of 100, what number would you assign the technical skill and physical effort required to do (the/a/an)....... (READ EACH)

NUMBER

D1a. Intracutaneous, intradermal, tests with stinging insects, immediate reaction (15-20 min) 11-15 tests. ________

INTERVIEWER CHECK: So this procedure requires about _____ technical skill and physical effort as the standard?

D2b. Office visit, established patient, 6 year old child with sore throat and headache. ________

INTERVIEWER CHECK: So this procedure requires about _____ technical skill and physical effort as the standard?

D3c. Percutaneous tests with allergenic extracts, 1st 30. ________

D4d. Intradermal tests with allergenic extracts, 1st 10. ________

D5e. Direct hospital admission for care of young adult patient, who has failed previous therapy and now presents in acute asthmatic attack. ________

D6f. Initial office visit for evaluation of child with chronic wheezing. ________

D7g. Single injection for immunotherapy, antigen supplied by another source. ________

D8h. Interpretation of pulmonary function tests, FVC, FEV, FEF. ______

D9i. Fibroscopic exam of nasal, choanal, pharynx for nasal polyps. ______

D10j. Inhalation bronchial challenge testing with histamine, methacholine, or similar compound; not including necessary pulmonary function tests. ______

D11k. Professional services for supervision and provision of antigens for allergen immunotherapy. ______

INTERVIEWER CHECK: So this procedure requires about _____ **technical skill and physical effort** as the standard?

D12l. Evaluation of 6 year old male with multiple infections, new patient. ______

D13m. Application and reading of intradermal tests with antigens for immune deficiency evaluation. ______

D14n. Initial office evaluation of adult with chronic recurrent hives, new patient. ______

D15o. Office visit with 45 year old male, established patient, with chronic asthma, on chronic steroid and bronchodilator therapy. ______

D16p Medical conference by physician regarding medical management with patient and/or family; counseling for avoidance, elimination, symptomatic treatment, and immunotherapy. ______

D17q. Interpretation of serum immunoelectrophoresis. ______

D18r. Direct hospital admission of 62 year old smoker established patient with bronchitis, in acute respiratory distress. ______

E. MAGNITUDE ESTIMATION: LEVEL OF MENTAL EFFORT (3)

Now we want you to rate the same procedures with respect to the **level of mental effort and judgment** they require.

If a follow-up office visit for pharmacological management of 30 year old female with hay fever has a rating of 100, what number would you assign to the level of **mental effort and judgment** required to do (the/a/an).... (READ EACH)

NUMBER

E1a. Intracutaneous, intradermal, tests with stinging insects, immediate reaction (15-20 min) 11-15 tests. ________

INTERVIEWER CHECK: So this procedure requires about ______ **mental effort and judgment** as the standard?

E2b. Office visit, established patient, 6 year old child with sore throat and headache. ________

INTERVIEWER CHECK: So this procedure requires about ______ **mental effort and judgment** as the standard?

E3c. Percutaneous tests with allergenic extracts, 1st 30. ________

E4d. Intradermal tests with allergenic extracts, 1st 10. ________

E5e. Direct hospital admission for care of young adult patient, who has failed previous therapy and now presents in acute asthmatic attack. ________

E6f. Initial office visit for evaluation of child with chronic wheezing. ________

E7g. Single injection for immunotherapy, antigen supplied by another source. ________

E8h. Interpretation of pulmonary function tests, FVC, FEV, FEF. ________

E9i. Fibroscopic exam of nasal, choanal, pharynx for nasal polyps. ________

E10j. Inhalation bronchial challenge testing with histamine, methacholine, or similar compound; not including necessary pulmonary function tests. ________

E11k. Professional services for supervision and provision of antigens for allergen immunotherapy. ________

INTERVIEWER CHECK: So this procedure requires about _____ mental effort and judgment as the standard?

E12l. Evaluation of 6 year old male with multiple infections, new patient. ________

E13m. Application and reading of intradermal tests with antigens for immune deficiency evaluation. ________

E14n. Initial office evaluation of adult with chronic recurrent hives, new patient. ________

E15o. Office visit with 45 year old male, established patient, with chronic asthma, on chronic steroid and bronchodilator therapy. ________

E16p. Medical conference by physician regarding medical management with patient and/or family; counseling for avoidance, elimination, symptomatic treatment, and immunotherapy. ________

E17q. Interpretation of serum immunoelectrophoresis. ________

E18r. Direct hospital admission of 62 year old smoker established patient with bronchitis, in acute respiratory distress. ________

F. MAGNITUDE ESTIMATION: IATROGENIC RISK (4)

Now we want you to rate the same procedures with respect to the **risk of iatrogenic** harm or complications for the patient. This may include the risk associated with mis-diagnosis. Consider in your rating the stress on a physician due to concern about these risks.

If a follow-up office visit for pharmacological management of 30 year old female with hay fever has a rating of 100, what number would you assign to the iatrogenic risk when doing (the/a/an)..... (READ EACH)

NUMBER

F1a. Intracutaneous, intradermal, tests with stinging insects, immediate reaction (15-20 min) 11-15 tests. ________

INTERVIEWER CHECK: So this procedure involves about _____ iatrogenic risk as the standard?

F2b. Office visit, established patient, 6 year old child with sore throat and headache. ________

INTERVIEWER CHECK: So this procedure involves about _____ **iatrogenic risk** as the standard?

F3c. Percutaneous tests with allergenic extracts, 1st 30. ________

F4d. Intradermal tests with allergenic extracts, 1st 10. ________

F5e. Direct hospital admission for care of young adult patient, who has failed previous therapy and now presents in acute asthmatic attack. ________

F6f. Initial office visit for evaluation of child with chronic wheezing. ________

F7g. Single injection for immunotherapy, antigen supplied by another source. ________

F8h. Interpretation of pulmonary function tests, FVC, FEV, FEF. ________

F9i. Fibroscopic exam of nasal, choanal, pharynx for nasal polyps. ________

F10j. Inhalation bronchial challenge testing with histamine, methacholine, or similar compound; not including necessary pulmonary function tests. ________

F11k. Professional services for supervision and provision of antigens for allergen immunotherapy. ________

INTERVIEWER CHECK: So this procedure involves about _____ iatrogenic risk as the standard?

F12l. Evaluation of 6 year old male with multiple infections, new patient. ________

F13m. Application and reading of intradermal tests with antigens for immune deficiency evaluation. ________

F14n. Initial office evaluation of adult with chronic recurrent hives, new patient. ________

F15o. Office visit with 45 year old male, established patient, with chronic asthma, on chronic steroid and bronchodilator therapy. ________

F16p. Medical conference by physician regarding medical management with patient and/or family; counseling for avoidance, elimination, symptomatic treatment, and immunotherapy. ________

F17q. Interpretation of serum immunoelectrophoresis. ________

F18r. Direct hospital admission of 62 year old smoker established patient with bronchitis, in acute respiratory distress. ________

G. MAGNITUDE ESTIMATION: COMPLEXITY (5)

Now we want you to provide a summary rating of the complexity of these same procedures. In making this summary rating, we want you to consider each of the other three components listed - that is technical skill and physical effort, mental effort and judgment, and concern about iatrogenic risk, regardless of the time a procedure or service takes to do.

If a follow-up office visit for pharmacological management of 30 year old female with hay fever has a rating of 100, what number would you give the complexity of (the/a/an) (READ EACH)....

NUMBER

G1a. Intracutaneous, intradermal, tests with stinging insects, immediate reaction (15-20 min) 11-15 tests. ________

INTERVIEWER CHECK: So this procedure is about _____ as complex as the standard?

G2b. Office visit, established patient, 6 year old child with sore throat and headache. ________

INTERVIEWER CHECK: So this procedure is about _____ as complex as the standard?

G3c. Percutaneous tests with allergenic extracts, 1st 30. ________

G4d. Intradermal tests with allergenic extracts, 1st 10. ________

G5e. Direct hospital admission for care of young adult patient, who has failed previous therapy and now presents in acute asthmatic attack. ________

G6f. Initial office visit for evaluation of child with chronic wheezing. ________

G7g. Single injection for immunotherapy, antigen supplied by another source. ________

G8h. Interpretation of pulmonary function tests, FVC, FEV, FEF. ________

G9i. Fibroscopic exam of nasal, choanal,
pharynx for nasal polyps. ________

G10j. Inhalation bronchial challenge testing
with histamine, methacholine, or similar
compound; not including necessary pulmonary
function tests. ________

G11k. Professional services for supervision and
provision of antigens for allergen immunotherapy. ________

INTERVIEWER CHECK: So this procedure is
about _____ as complex as the standard?

G12l. Evaluation of 6 year old male with multiple
infections, new patient. ________

G13m. Application and reading of intradermal tests
with antigens for immune deficiency evaluation. ________

G14n. Initial office evaluation of adult with
chronic recurrent hives, new patient. ________

G15o. Office visit with 45 year old male, established
patient, with chronic asthma, on chronic steroid
and bronchodilator therapy. ________

G16p. Medical conference by physician regarding medical
management with patient and/or family; counseling
for avoidance, elimination, symptomatic treatment,
and immunotherapy. ________

G17q. Interpretation of serum immunoelectrophoresis. ________

G18r. Direct hospital admission of 62 year old
smoker established patient with bronchitis,
in acute respiratory distress. ________

H. DEMOGRAPHIC DATA

Finally, I'd like to get some background information on you and your medical practice. I would like to remind you that all answers are confidential, and no individuals will be identified in any report.

H1. In your main medical practice, are you the owner of your own practice (full or part owner), are you employed by another physician or group of physicians, or are you an employee of some other kind of organization?

1 ☐ OWNER

2 ☐ EMPLOYED BY OTHER PHYSICIAN OR GROUP

3 ☐ OTHER ORGANIZATION (SKIP TO H3)

H2. Including yourself, how many physicians are associated with your practice for at least 20 hours a week?

______________ PHYSICIANS (SKIP TO H4)

H3. In what kind of organization are you employed in your main medical practice - a hospital, an HMO, or some other kind of organization? (What kind of organization?)

1 ☐ HOSPITAL

2 ☐ HMO

3 ☐ OTHER (SPECIFY) ________________________________

____

____

H4. Do you receive the majority of your compensation for practicing medicine from fee for service, from salary, or from some other arrangement?

1 ☐ FEE FOR SERVICE (SKIP TO H6)

2 ☐ SALARY

(SKIP TO H8)

3 ☐ OTHER

H5. (OMITTED)

H6. Do you or your practice have a contract with a preferred provider organization, or PPO?
[PROBE: A preferred provider organization or PPO markets the services of a select panel of health care providers for a discounted charge. The patients pay for services on a previously negotiated predominated fee-for-service basis. Also, patients have an economic incentive to use the panel rather than other health care providers.]
NOTE: A PPO IS NOT AN HMO.

1 ☐ YES

2 ☐ NO

H7. Are you or is your practice a member of an individual practice arrangement or IPA?
[PROBE: Under an IPA plan, a physician's practice would contract with an HMO to treat HMO patients on a fee-for-service basis.]

1 ☐ YES

2 ☐ NO

H8. Does the hospital where you perform most of your hospital work have a resident training program or not?

1 ☐ YES

2 ☐ NO (SKIP TO H11)

3 ☐ INAP, DOES NOT PROVIDE CARE IN ANY HOSPITAL (SKIP TO H12)

H9. Does that hospital have a resident training program in your specialty?

1 ☐ YES

2 ☐ NO

H10. Counting residents in all specialties, would you say that hospital has more or less than 50 residents in training?

1 ☐ MORE THAN 50

2 ☐ LESS THAN 50

H11. How many beds does that hospital have - fewer than 100, 100 to 300, 300 to 500, or over 500?

1 ☐ FEWER THAN 100
2 ☐ 100 TO 300
1 ☐ 300 TO 500
2 ☐ OVER 500

H12. In what year did you graduate from medical school?

____________ YEAR

H13. Are you board certified?

1 ☐ YES
2 ☐ NO (SKIP TO H14)

H13a. In what specialty are you certified?

____

____

H14. Do you or your practice accept assignment from Medicare patients for your services?

1 ☐ YES
2 ☐ NO

H15. Do you or your practice accept patients whose primary medical coverage is your state's Medicaid program?

1 ☐ YES
2 ☐ NO

H16. We need to get a general idea of your income, because that's a variable that may be related to how procedures are rated. We just need your answer in a large range. During 1986, about how much was your own income from your medical practice after expenses but before taxes. Please include fees, salaries, retainers and other forms of compensation.

Was it less than $100,000, 100,000 to $200,000, or over $200,000?

1 ☐ UNDER $100,000

Was it more or less than $70,000?

☐ UNDER $70,000
☐ OVER $70,000

2 ☐ $100,000 TO $200,000

Was it less than $125,000, $125,000 to $150,000, or over $150,000?

☐ LESS THAN $125,000
☐ $125,000 TO $150,000
☐ OVER $150,000

3 ☐ OVER $200,000

Was it more or less than $250,000?

☐ UNDER $250,000
☐ OVER $250,000

H17. Last, had you heard about this study before we contacted you about this interview?

1 ☐ YES

2 ☐ NO (THANK R AND CONCLUDE INTERVIEW)

H18. From what source was that?

____

Thank you for your time and help in answering these questions.

TIME NOW: __________

INTERVIEWER COMMENTS

Appendix I

COVERSHEET NUMBER ____________

INTERVIEWER ______________________________

INTERVIEWER ID# ________________

FOR OFFICE USE

NATIONAL PHYSICIANS SURVEY

(ANESTHESIOLOGY)

Center for Survey Research
University of Massachusetts-Boston

and

Harvard School of Public Health

February/March, 1987

ANES

Appendix I

Before we start, let me tell you a few things about this survey. The Center for Survey Research at the University of Massachusetts is conducting interviews for the Harvard School of Public Health. The sponsor of the project is the Health Care Financing Administration. We are interested in the complexity and time involved in certain medical procedures and services. You will be asked about procedures which are common in your specialty. Data collected in this study may be used in physician reimbursement policy.

Your answers are completely confidential and will never be used in any way that could link them to you. They will be combined with other answers for statistical analysis.

Do you have any questions before we start?

TIME NOW: ________

A. PROCEDURE OR SERVICE TIME

First, I'd like you to tell me how many minutes it usually takes you to complete each of the set of procedures. The list was in the packet of information you received in the mail.

AA. Do you have the list in front of you?

1 [ ] YES

2 [ ] NO

* * * * * *

In this section, we only want you to count the time it takes for you to do the procedure itself on the average patient; do not count time you spend either before or after the service described. Base your answers on the patient's physical status which you most often encounter in your own practice.

On average, how long does it take to do (the/a/an) (READ EACH).....

		MINUTES
A1.	Anesthesia for inguinal hernia repair.	________
A1a.	Anesthesia for coronary artery bypass graft with pump oxygenator.	________
A2b.	Anesthesia for cystoscopy.	________
A3c.	Anesthesia for colectomy.	________
A4d.	Anesthesia for femoral-popliteal bypass.	________
A5e.	Anesthesia for laparoscopic tubal ligation.	________
A6f.	Anesthesia for cholecystectomy.	________
A7g.	Anesthesia for total hip replacement.	________
A8h.	Insertion of Swan Ganz catheter.	________
A9i.	Anesthesia for knee arthroscopy.	________
A10j.	Anesthesia for open reduction and internal fixation of hip fracture.	________
A11k.	Anesthesia for repair of abdominal aortic aneurysm.	________

Appendix I

A12l. Anesthesia for dilation and curettage of uterus. ________

A13m. Anesthesia for lens surgery, cataract extraction with or without insertion of prosthesis. ________

A14n. Evaluation of 63 year old patient in intensive care unit with diabetes and chronic renal failure who develops Adult Respiratory Distress Syndrome 36 hours post mitral valve replacement. ________

A15o. Anesthesia for transurethral resection of prostate. ________

A16p. Anesthesia for carotid endarterectomy. ________

A17q. Regional intravenous anesthesia for upper extremity operation. ________

A18r. Injection of anesthetic substance, therapeutic, epidural, single, epidural block for pain. ________

A19s. Anesthesia for modified radical mastectomy. ________

A20t. Anesthesia for craniectomy or craniotomy. ________

A21u. Anesthesia for cesarean section. ________

A22v. Consultation for a transfusion reaction in a patient with abrupt onset of fever and back pain. ________

B. TIME REQUIRED FOR ANESTHESIA CARE

Now I want you to estimate the time you normally spend on activities related to anesthesia (other than the time to administer the anesthetic itself).

TIME IN MINUTES

B1. Let's use anesthesia for colectomy as an example.

On average, how many minutes would you spend on (READ B1a).... (How about (READ B1b)?)

B1a. Hospital visits before the operation, including record review, history and physical, obtaining informed consent, writing orders and communication with other physicians and with the family. ________

B1b. Setting up and checking equipment in OR, acute record review, attending to patient preparation in holding room, including additional communication with the patient and insertion of lines - for example; IV's, arterial lines, Swan-ganz catheters etc... ________

B1c. Providing immediate post-operative care, communicating with other physicians, writing orders and checking on patient in the recovery room. ________

B1d. additional post-operative follow-up the day of the surgery? ________

B1e. On average, how many days after the day of colectomy surgery are you involved with the patient's care; for example, seeing the patient or reviewing the chart. ________ (DAYS)

[ ] NONE (SKIP TO B2)

B1f. On each of the days following surgery, how many minutes do you spend, on average, involved in the patient's care. ________ (MINUTES)

B2. Now let's use anesthesia for inguinal hernia repair as an example.

On average, how many minutes would you spend on (READ B1a).... (How about (READ B1b)?)

B2a. Hospital visits before the operation, including record review, history and physical, obtaining informed consent, writing orders and communication with other physicians and with the family. ________

B2b. Setting up and checking equipment in OR, acute record review, attending to patient preparation in holding room, including additional communication with the patient and insertion of lines - for example; IV's, arterial lines, Swan-ganz catheters etc... ________

B2c. Providing immediate post-operative care, communicating with other physicians, writing orders and checking on patient in the recovery room. ________

B2d. additional post-operative follow-up the day of the surgery? ________

B2e. On average, how many days after the day of inguinal hernia surgery are you involved with the patient's care; for example, seeing the patient or reviewing the chart. ___ ___ (DAYS)

[ ] NONE (SKIP TO B3)

B2f. On each of the days following surgery, how many minutes do you spend, on average, involved in the patient's care. ________ (MINUTES)

B3. As a final example, use anesthesia for repair of abdominal aortic aneurysm.

On average, how many minutes would you spend on (READ B1a).... (How about (READ B1b)?)

B3a. Hospital visits before the operation, including record review, history and physical, obtaining informed consent, writing orders and communication with other physicians and with the family. ________

B3b. Setting up and checking equipment in OR, acute record review, attending to patient preparation in holding room, including additional communication with the patient and insertion of lines - for example; IV's, arterial lines, Swan-ganz catheters etc... ________

B3c. Providing immediate post-operative care, communicating with other physicians, writing orders and checking on patient in the recovery room. ________

B3d. additional post-operative follow-up the day of the surgery? ________

B3e. On average, how many days after the day of abdominal aortic aneurysm surgery are you involved with the patient's care; for example, seeing the patient or reviewing the chart. ________ (DAYS)

[ ] NONE (SKIP TO C)

B3f. On each of the days following surgery, how many minutes do you spend, on average, involved in the patient's care. ________ (MINUTES)

Appendix I
C. MAGNITUDE ESTIMATION: WORK (1)

Next let's talk about how much work is involved in various procedures you perform within your specialty. The packet we sent to you discussed the method we would like you to use for comparing the procedures. If you have the packet handy, it would be helpful for you to look at a description of the magnitude estimation method as I review it briefly

The standard for all the ratings will be anesthesia for inguinal hernia repair. Call this 100. Now with the standard as 100, compare it to each of the other procedures as I read them to you. If the procedure or service I mention is twice as difficult, then your answer would be 200 A procedure half as difficult would be 50, five times as difficult would be 500 and so on.

I am going to ask you to compare each of the procedures to the standard on each of the five dimensions listed at the bottom of the Procedures and Services page. The first dimension is an overall rating of the total amount of work, that is the total time and effort the procedure requires. This is an overall rating that includes the time it takes to complete the procedure and the three components that reflect its complexity -- technical skill and physical effort, mental effort and judgement, and concern about iatrogenic risk. After we complete the ratings of total work, we will ask you to individually rate each of the other dimensions listed and to provide a summary rating of each procedure's complexity.

In all cases, we want you to try to respond in terms of the average or typical patient requiring the procedure or service.

Do you have any questions about the way I want you to compare the procedures, or what we mean by work?

O.k. let's start.

If anesthesia for inguinal hernia repair has a rating of 100, what number would you assign to the total amount of work involved in (the/a/an) (READ EACH)......

		NUMBER
C1a.	Anesthesia for coronary artery bypass graft with pump oxygenator.	______
	INTERVIEWER CHECK: So this procedure requires about _____ total amount of work as the standard?	
C2b.	Anesthesia for cystoscopy.	______
	INTERVIEWER CHECK: So this procedure requires about _____ total amount of work as the standard?	
C3c.	Anesthesia for colectomy.	______

C4d. Anesthesia for femoral-popliteal bypass. ________

C5e. Anesthesia for laparoscopic tubal ligation. ________

C6f. Anesthesia for cholecystectomy. ________

C7g. Anesthesia for total hip replacement. ________

C8h. Insertion of Swan Ganz catheter. ________

C9i. Anesthesia for knee arthroscopy. ________

C10j. Anesthesia for open reduction and internal fixation of hip fracture. ________

C11k. Anesthesia for repair of abdominal aortic aneurysm. ________

INTERVIEWER CHECK: So this procedure requires about _____ total amount of work as the standard?

C12l. Anesthesia for dilation and curettage of uterus. ________

C13m. Anesthesia for lens surgery, cataract extraction with or without insertion of prosthesis. ________

C14n. Evaluation of 63 year old patient in intensive care unit with diabetes and chronic renal failure who develops Adult Respiratory Distress Syndrome 36 hours post mitral valve replacement. ________

C15o. Anesthesia for transurethral resection of prostate. ________

C16p. Anesthesia for carotid endarterectomy. ________

C17q. Regional intravenous anesthesia for upper extremity operation. ________

C18r. Injection of anesthetic substance, therapeutic, epidural, single, epidural block for pain. ________

C19s. Anesthesia for modified radical mastectomy. ________

C20t. Anesthesia for craniectomy or craniotomy. ________

C21u. Anesthesia for cesarean section. ________

C22v. Consultation for a transfusion reaction in a patient with abrupt onset of fever and back pain. ________

D. MAGNITUDE ESTIMATION (2): LEVEL OF TECHNICAL SKILL AND PHYSICAL EFFORT

Now we want you to rate the same procedures with respect to the level of technical skill and physical effort, including the manual skill and dexterity they require.

If anesthesia for inguinal hernia repair has a rating of 100, what number would you assign the technical skill and physical effort required to do (the/a/an)....... (READ EACH)

	NUMBER
D1a. Anesthesia for coronary artery bypass graft with pump oxygenator.	________

INTERVIEWER CHECK: So this procedure requires about _____ technical skill and physical effort as the standard?

D2b. Anesthesia for cystoscopy.	________

INTERVIEWER CHECK: So this procedure requires about _____ technical skill and physical effort as the standard?

D3c. Anesthesia for colectomy.	________
D4d. Anesthesia for femoral-popliteal bypass.	________
D5e. Anesthesia for laparoscopic tubal ligation.	________
D6f. Anesthesia for cholecystectomy.	________
D7g. Anesthesia for total hip replacement.	________
D8h. Insertion of Swan Ganz catheter.	________
D9i. Anesthesia for knee arthroscopy.	________
D10j. Anesthesia for open reduction and internal fixation of hip fracture.	________

D11k. Anesthesia for repair of abdominal aortic aneurysm. ________

INTERVIEWER CHECK: So this procedure requires about _____ technical skill and physical effort as the standard?

D12l. Anesthesia for dilation and curettage of uterus. ________

D13m. Anesthesia for lens surgery, cataract extraction with or without insertion of prosthesis. ________

D14n. Evaluation of 63 year old patient in intensive care unit with diabetes and chronic renal failure who develops Adult Respiratory Distress Syndrome 36 hours post mitral valve replacement. ________

D15o. Anesthesia for transurethral resection of prostate. ________

D16p. Anesthesia for carotid endarterectomy. ________

D17q. Regional intravenous anesthesia for upper extremity operation. ________

D18r. Injection of anesthetic substance, therapeutic, epidural, single, epidural block for pain. ________

D19s. Anesthesia for modified radical mastectomy. ________

D20t. Anesthesia for craniectomy or craniotomy. ________

D21u. Anesthesia for cesarean section. ________

D22v. Consultation for a transfusion reaction in a patient with abrupt onset of fever and back pain. ________

E. MAGNITUDE ESTIMATION: LEVEL OF MENTAL EFFORT (3)

Now we want you to rate the same procedures with respect to level of mental effort and judgment they require.

If anesthesia for inguinal hernia repair has a rating of 100, what number would you assign to the level of mental effort and judgment required to do (the/a/an)...... (READ EACH)

NUMBER

E1a. Anesthesia for coronary artery bypass graft with pump oxygenator. ________

INTERVIEWER CHECK: So this procedure requires about _____ mental effort and judgment as the standard?

E2b. Anesthesia for cystoscopy. ________

INTERVIEWER CHECK: So this procedure requires about _____ mental effort and judgment as the standard?

E3c. Anesthesia for colectomy. ________

E4d. Anesthesia for femoral-popliteal bypass. ________

E5e. Anesthesia for laparoscopic tubal ligation. ________

E6f. Anesthesia for cholecystectomy. ________

E7g. Anesthesia for total hip replacement. ________

E8h. Insertion of Swan Ganz catheter. ________

E9i. Anesthesia for knee arthroscopy. ________

E10j. Anesthesia for open reduction and internal fixation of hip fracture. ________

E11k. Anesthesia for repair of abdominal aortic aneurysm. ________

INTERVIEWER CHECK: So this procedure requires about _____ mental effort and judgment as the standard?

E12l. Anesthesia for dilation and curettage of uterus. ________

E13m. Anesthesia for lens surgery, cataract extraction with or without insertion of prosthesis. ________

E14n. Evaluation of 63 year old patient in intensive care unit with diabetes and chronic renal failure who develops Adult Respiratory Distress Syndrome 36 hours post mitral valve replacement. ________

E15o. Anesthesia for transurethral resection of prostate. ________

E16p. Anesthesia for carotid endarterectomy. ________

E17q. Regional intravenous anesthesia for upper extremity operation. ________

E18r. Injection of anesthetic substance, therapeutic, epidural, single, epidural block for pain. ________

E19s. Anesthesia for modified radical mastectomy. ________

E20t. Anesthesia for craniectomy or craniotomy. ________

E21u. Anesthesia for cesarean section. ________

E22v. Consultation for a transfusion reaction in a patient with abrupt onset of fever and back pain. ________

F. MAGNITUDE ESTIMATION: IATROGENIC RISK (4)

Now we want you to rate the same procedures with respect to the risk of iatrogenic harm or complications for the patient. This may include the risk associated with mis-diagnosis. Consider in your rating the stress on a physician due to concern about these risks.

If anesthesia for inguinal hernia repair has a rating of 100, what number would you assign to the **iatrogenic risk** when doing (the/a/an)..... (READ EACH)

		NUMBER
F1a.	Anesthesia for coronary artery bypass graft with pump oxygenator. INTERVIEWER CHECK: So this procedure involves about _____ iatrogenic risk as the standard?	________
F2b.	Anesthesia for cystoscopy. INTERVIEWER CHECK: So this procedure involves about _____ iatrogenic risk as the standard?	________
F3c.	Anesthesia for colectomy.	________
F4d.	Anesthesia for femoral-popliteal bypass.	________
F5e.	Anesthesia for laparoscopic tubal ligation.	________
F6f.	Anesthesia for cholecystectomy.	________
F7g.	Anesthesia for total hip replacement.	________
F8h.	Insertion of Swan Ganz catheter.	________
F9i.	Anesthesia for knee arthroscopy.	________
F10j.	Anesthesia for open reduction and internal fixation of hip fracture.	________

F11k. Anesthesia for repair of abdominal aortic aneurysm. ________

INTERVIEWER CHECK: So this procedure involves about _____ iatrogenic risk as the standard?

F12l. Anesthesia for dilation and curettage of uterus. ________

F13m. Anesthesia for lens surgery, cataract extraction with or without insertion of prosthesis. ________

F14n. Evaluation of 63 year old patient in intensive care unit with diabetes and chronic renal failure who develops Adult Respiratory Distress Syndrome 36 hours post mitral valve replacement. ________

F15o. Anesthesia for transurethral resection of prostate. ________

F16p. Anesthesia for carotid endarterectomy. ________

F17q. Regional intravenous anesthesia for upper extremity operation. ________

F18r. Injection of anesthetic substance, therapeutic, epidural, single, epidural block for pain. ________

F19s. Anesthesia for modified radical mastectomy. ________

F20t. Anesthesia for craniectomy or craniotomy. ________

F21u. Anesthesia for cesarean section. ________

F22v. Consultation for a transfusion reaction in a patient with abrupt onset of fever and back pain. ________

G. MAGNITUDE ESTIMATION: COMPLEXITY (5)

Now we want you to provide a summary rating of the complexity of these same procedures. In making this summary rating, we want you to consider each of the other three components listed - that is technical skill and physical effort, mental effort and judgment, and concern about iatrogenic risk, regardless of the time a procedure or service takes to do.

If anesthesia for inguinal hernia repair has a rating of 100, what number would you give the **complexity** of (the/a/an) (READ EACH)....

		NUMBER
G1a.	Anesthesia for coronary artery bypass graft with pump oxygenator. INTERVIEWER CHECK: So this procedure is about _____ as complex as the standard?	________
G2b.	Anesthesia for cystoscopy. INTERVIEWER CHECK: So this procedure is about _____ as complex as the standard?	________
G3c.	Anesthesia for colectomy.	________
G4d.	Anesthesia for femoral-popliteal bypass.	________
G5e.	Anesthesia for laparoscopic tubal ligation.	________
G6f.	Anesthesia for cholecystectomy.	________
G7g.	Anesthesia for total hip replacement.	________
G8h.	Insertion of Swan Ganz catheter.	________
G9i.	Anesthesia for knee arthroscopy.	________
G10j.	Anesthesia for open reduction and internal fixation of hip fracture.	________

G11k. Anesthesia for repair of abdominal aortic aneurysm. ________

INTERVIEWER CHECK: So this procedure is about _____ as complex as the standard?

G12l. Anesthesia for dilation and curettage of uterus. ________

G13m. Anesthesia for lens surgery, cataract extraction with or without insertion of prosthesis. ________

G14n. Evaluation of 63 year old patient in intensive care unit with diabetes and chronic renal failure who develops Adult Respiratory Distress Syndrome 36 hours post mitral valve replacement. ________

G15o. Anesthesia for transurethral resection of prostate. ________

G16p. Anesthesia for carotid endarterectomy. ________

G17q. Regional intravenous anesthesia for upper extremity operation. ________

G18r. Injection of anesthetic substance, therapeutic, epidural, single, epidural block for pain. ________

G19s. Anesthesia for modified radical mastectomy. ________

G20t. Anesthesia for craniectomy or craniotomy. ________

G21u. Anesthesia for cesarean section. ________

G22v. Consultation for a transfusion reaction in a patient with abrupt onset of fever and back pain. ________

H. DEMOGRAPHIC DATA

Finally, I'd like to get some background information on you and your medical practice. I would like to remind you that all answers are confidential, and no individuals will be identified in any report.

H1. In your main medical practice, are you the owner of your own practice (full or part owner), are you employed by another physician or group of physicians, or are you an employee of some other kind of organization?

1 [ ] OWNER

2 [ ] EMPLOYED BY OTHER PHYSICIAN OR GROUP

3 [ ] OTHER ORGANIZATION (SKIP TO H3)

H2. Including yourself, how many physicians are associated with your practice for at least 20 hours a week?

______________ PHYSICIANS (SKIP TO H4)

H3. In what kind of organization are you employed in your main medical practice - a hospital, an HMO, or some other kind of organization? (What kind of organization?)

1 [ ] HOSPITAL

2 [ ] HMO

3 [ ] OTHER (SPECIFY) ________________________________

____

____

H4. Do you receive the majority of your compensation for practicing medicine from fee for service, from salary, or from some other arrangement?

1 [ ] FEE FOR SERVICE (SKIP TO H6)

2 [ ] SALARY

(SKIP TO H8)

3 [ ] OTHER

H5. (OMITTED)

H6. Do you or your practice have a contract with a preferred provider organization, or PPO?
[PROBE: A preferred provider organization or PPO markets the services of a select panel of health care providers for a discounted charge. The patients pay for services on a previously negotiated predominated fee-for-service basis. Also, patients have an economic incentive to use the panel rather than other health care providers.]
NOTE: A PPO IS NOT AN HMO.

1 ☐ YES

2 ☐ NO

H7. Are you or is your practice a member of an individual practice arrangement or IPA?
[PROBE: Under an IPA plan, a physician's practice would contract with an HMO to treat HMO patients on a fee-for-service basis.]

1 ☐ YES

2 ☐ NO

H8. Does the hospital where you perform most of your hospital work have a resident training program or not?

1 ☐ YES

2 ☐ NO (SKIP TO H11)

3 ☐ INAP, DOES NOT PROVIDE CARE IN ANY HOSPITAL
(SKIP TO H12)

H9. Does that hospital have a resident training program in your specialty?

1 ☐ YES

2 ☐ NO

H10. Counting residents in all specialties, would you say that hospital has more or less than 50 residents in training?

1 ☐ MORE THAN 50

2 ☐ LESS THAN 50

H11. How many beds does that hospital have - fewer than 100, 100 to 300, 300 to 500, or over 500?

1 [ ] FEWER THAN 100

2 [ ] 100 TO 300

1 [ ] 300 TO 500

2 [ ] OVER 500

H12. In what year did you graduate from medical school?

______________ YEAR

H13. Are you board certified?

1 [ ] YES

2 [ ] NO (SKIP TO H14)

H13a. In what specialty are you certified?

____

____

H14. Do you or your practice accept assignment from Medicare patients for your services?

1 [ ] YES

2 [ ] NO

H15. Do you or your practice accept patients whose primary medical coverage is your state's Medicaid program?

1 [ ] YES

2 [ ] NO

H16. We need to get a general idea of your income, because that's a variable that may be related to how procedures are rated. We just need your answer in a large range. During 1986, about how much was your own income from your medical practice after expenses but before taxes. Please include fees, salaries, retainers and other forms of compensation.

Was it less than $100,000, 100,000 to $200,000, or over $200,000?

1 ☐ UNDER $100,000

Was it more or less than $70,000?

☐ UNDER $70,000
☐ OVER $70,000

2 ☐ $100,000 TO $200,000

Was it less than $125,000, $125,000 to $150,000, or over $150,000?

☐ LESS THAN $125,000
☐ $125,000 TO $150,000
☐ OVER $150,000

3 ☐ OVER $200,000

Was it more or less than $250,000?

☐ UNDER $250,000
☐ OVER $250,000

H17. Last, had you heard about this study before we contacted you about this interview?

1 ☐ YES

2 ☐ NO (THANK R AND CONCLUDE INTERVIEW)

H18. From what source was that?

____

Thank you for your time and help in answering these questions.

TIME NOW: ____________

INTERVIEWER COMMENTS

Appendix I

COVERSHEET NUMBER __________

INTERVIEWER ________________________

INTERVIEWER ID# ______________

FOR OFFICE USE

NATIONAL PHYSICIANS SURVEY

(DERMATOLOGY)

Center for Survey Research
University of Massachusetts-Boston

and

Harvard School of Public Health

February/March, 1987

DERM

Appendix I

Before we start, let me tell you a few things about this survey. The Center for Survey Research at the University of Massachusetts is conducting interviews for the Harvard School of Public Health. The sponsor of the project is the Health Care Financing Administration. We are interested in the complexity and time involved in certain medical procedures and services. You will be asked about procedures which are common in your specialty. Data collected in this study may be used in physician reimbursement policy.

Your answers are completely confidential and will never be used in any way that could link them to you. They will be combined with other answers for statistical analysis.

Do you have any questions before we start?

Appendix I

TIME NOW: ______________

A. PROCEDURE OR SERVICE TIME

First, I'd like you to tell me how many minutes it usually takes you to complete each of the set of procedures. The list was in the packet of information you received in the mail.

AA. Do you have the list in front of you?

1 [ ] YES

2 [ ] NO

* * * * * *

In this section, we only want you to count the time it takes for you to do the procedure itself on the average patient; do not count time you spend either before or after the service described.

On average, how long does it take to do (the/a/an) (READ EACH).....

		MINUTES
A1.	Follow-up visit with 48 year old male for ongoing management of psoriasis, not PUVA treatment.	________
A1a.	Excision of changing pigmented lesion of back, 6 by 4 millimeter, 52 year old male.	________
A2b.	Cryodestruction of multiple, 3 to 4, facial actinic keratoses in a 65 year old farmer.	________
A3c.	Initial office visit, for evaluation and counseling of 17 year old female with primary genital herpes.	________
A4d.	Obtain specimen for Tzanck Smear and interpretation of test.	________
A5e.	Initial office visit, 35 year old male with complaint of alopecia.	________
A6f.	Intralesional injection, triamcinolone.	________
A7g.	Office revisit for evaluation of 28 year old male with onychomycosis.	________
A8h.	Obtain specimen for KOH Slide and interpretation of test.	________
A9i.	Office revisit with established 63 year old patient for laser treatment of hemangioma.	________
A10j.	Initial office visit, 16 year old male with severe cystic acne, new patient.	________

A11k. Photochemotherapy (PUVA), scheduled treatment during course of therapy. ________

A12l. Shave/punch biopsy of probable skin cancer. ________

A13m. Curettage & electrodesiccation of 10 by 12 millimeter basal cell epithelioma (BCE) of cheek of 60 year old male. ________

A14n. Excision & intermediate repair of 4 by 6 millimeter BCE of forehead of 30 year old female. ________

A15o. Liquid nitrogen cryodestruction of 3 verrucae of hands of 14 year old male. ________

A16p. Hospital consultation for possible drug eruption in 50 year old male. ________

A17q. X-ray therapy, BCE of tip of nose of 65 year old female, single treatment, not entire course. ________

A18r. Initial office evaluation of adult with chronic recurrent hives, new patient. ________

A19s. Pathologic gross and microscopic examination of a changing melanocytic lesion in a 26 year old woman. ________

A20t. Initial comprehensive evaluation of 30 year old woman with symptoms of subacute cutaneous LE. ________

A21u. Excision of 2 facial nevi in 20 year old male, 8 and 4 millimeters respectively. ________

B. TIME REQUIRED

We also would like an estimate of time you spend with the average patient before and after you provide a service for these procedures.

B1. For example, when you do an initial office visit, 16 year old male with severe cystic acne, new patient how many minutes, on average, is needed before hand for preparation for seeing the patient, including reviewing records and communicating with other physicians?

__________ MINUTES

B1a. For the same patient, how many minutes on average is needed after you finish seeing the patient for arranging for further lab studies, consultations, x-rays or other tests, reviewing results of studies, and further communications with the patient and other physicians, including written and telephone reports?

__________ MINUTES

B2. When you do an office revisit for evaluation of 28 year old male with onychomycosis, how many minutes, on average, is needed beforehand for preparation for seeing the patient, including reviewing records and communicating with other physicians?

__________ MINUTES

B2a. For the same patient, how many minutes on average is needed, after you finish seeing the patient for arranging for further lab studies, consultations, x-rays or other tests, reviewing results of studies, and further communications with the patient and other physicians, including written and telephone reports?

__________ MINUTES

B3. When you do an initial comprehensive evaluation of 30 year old woman with symptoms of subacute cutaneous LE, how many minutes, on average, is needed beforehand for preparation for seeing the patient, including reviewing records and communicating with other physicians?

__________ MINUTES

B3a. For the same patient, how many minutes on average is needed after you finish seeing the patient for arranging for further lab studies, consultations, x-rays or other tests, reviewing results of studies, and further communications with the patient and other physicians, including written and telephone reports?

__________ MINUTES

C. MAGNITUDE ESTIMATION: WORK (1)

Next let's talk about how much work is involved in various procedures you perform within your specialty. The packet we sent to you discussed the method we would like you to use for comparing the procedures. If you have the packet handy, it would be helpful for you to look at a description of the magnitude estimation method as I review it briefly.

The standard for all the ratings will be a follow-up visit with 48 year old male for ongoing management of psoriasis, not PUVA treatment. Call this 100. Now with the standard as 100, compare it to each of the other procedures as I read them to you. If the procedure or service I mention is twice as difficult, then your answer would be 200. A procedure half as difficult would be 50, five times as difficult would be 500 and so on.

I am going to ask you to compare each of the procedures to the standard on each of the five dimensions listed at the bottom of the Procedures and Services page. The first dimension is an overall rating of the total amount of work, that is the total time and effort the procedure requires. This is an overall rating that includes the time it takes to complete the procedure and the three components that reflect its complexity -- technical skill and physical effort, mental effort and judgement, and concern about iatrogenic risk. After we complete the ratings of total work, we will ask you to individually rate each of the other dimensions listed and to provide a summary rating of each procedure's complexity.

In all cases, we want you to try to respond in terms of the average or typical patient requiring the procedure or service.

Do you have any questions about the way I want you to compare the procedures, or what we mean by work?

O.k. let's start.

If a follow-up visit with 48 year old male for ongoing management of psoriasis, not PUVA treatment has a rating of 100, what number would you assign to the total amount of work involved in (the/a/an) (READ EACH)......

NUMBER

C1a. Excision of changing pigmented lesion of back, 6 by 4 millimeter, 52 year old male. ________

INTERVIEWER CHECK: So this procedure requires about _____ total amount of work as the standard?

C2b. Cryodestruction of multiple, 3 to 4, facial actinic keratoses in a 65 year old farmer. ________

INTERVIEWER CHECK: So this procedure requires about _____ total amount of work as the standard?

C3c. Initial office visit, for evaluation and counseling of 17 year old female with primary genital herpes. ______

C4d. Obtain specimen for Tzanck Smear and interpretation of test. ______

C5e. Initial office visit, 35 year old male with complaint of alopecia. ______

C6f. Intralesional injection, triamcinolone. ______

C7g. Office revisit for evaluation of 28 year old male with onychomycosis. ______

C8h. Obtain specimen for KOH Slide and interpretation of test. ______

C9i. Office revisit with established 63 year old patient for laser treatment of hemangioma. ______

C10j. Initial office visit, 16 year old male with severe cystic acne, new patient. ______

C11k. Photochemotherapy (PUVA), scheduled treatment during course of therapy. ______

INTERVIEWER CHECK: So this procedure requires about _____ total amount of work as the standard?

C12l. Shave/punch biopsy of probable skin cancer. ______

C13m. Curettage & electrodesiccation of 10 by 12 millimeter basal cell epithelioma (BCE) of cheek of 60 year old male. ______

C14n. Excision & intermediate repair of 4 by 6 millimeter BCE of forehead of 30 year old female. ______

C15o. Liquid nitrogen cryodestruction of 3 verrucae of hands of 14 year old male. ______

C16p. Hospital consultation for possible drug eruption in 50 year old male. ________

C17q. X-ray therapy, BCE of tip of nose of 65 year old female, single treatment, not entire course. ________

C18r. Initial office evaluation of adult with chronic recurrent hives, new patient. ________

C19s. Pathologic gross and microscopic examination of a changing melanocytic lesion in a 26 year old woman. ________

C20t. Initial comprehensive evaluation of 30 year old woman with symptoms of subacute cutaneous LE. ________

C21u. Excision of 2 facial nevi in 20 year old male, 8 and 4 millimeters respectively. ________

D. MAGNITUDE ESTIMATION (2):
LEVEL OF TECHNICAL SKILL AND PHYSICAL EFFORT

Now we want you to rate the same procedures with respect to the level of technical skill and physical effort, including the manual skill and dexterity they require.

If a follow-up visit with 48 year old male for ongoing management of psoriasis, not PUVA treatment has a rating of 100, what number would you assign the technical skill and physical effort required to do (the/a/an)....... (READ EACH)

NUMBER

D1a. Excision of changing pigmented lesion of back, 6 by 4 millimeter, 52 year old male. ________

INTERVIEWER CHECK: So this procedure requires about _____ technical skill and physical effort as the standard?

D2b. Cryodestruction of multiple, 3 to 4, facial actinic keratoses in a 65 year old farmer. ________

INTERVIEWER CHECK: So this procedure requires about _____ technical skill and physical effort as the standard?

D3c. Initial office visit, for evaluation and counseling of 17 year old female with primary genital herpes. ________

D4d. Obtain specimen for Tzanck Smear and interpretation of test. ________

D5e. Initial office visit, 35 year old male with complaint of alopecia. ________

D6f. Intralesional injection, triamcinolone. ________

D7g. Office revisit for evaluation of 28 year old male with onychomycosis. ________

D8h. Obtain specimen for KOH Slide and interpretation of test. ________

D9i. Office revisit with established 63 year old patient for laser treatment of hemangioma. ________

D10j. Initial office visit, 16 year old male with severe cystic acne, new patient. ________

D11k. Photochemotherapy (PUVA), scheduled treatment during course of therapy. ________

INTERVIEWER CHECK: So this procedure requires about _____ technical skill and physical effort as the standard?

D12l. Shave/punch biopsy of probable skin cancer. ________

D13m. Curettage & electrodesiccation of 10 by 12 millimeter basal cell epithelioma (BCE) of cheek of 60 year old male. ________

D14n. Excision & intermediate repair of 4 by 6 millimeter BCE of forehead of 30 year old female. ________

D15o. Liquid nitrogen cryodestruction of 3 verrucae of hands of 14 year old male. ________

D16p. Hospital consultation for possible drug eruption in 50 year old male. ________

D17q. X-ray therapy, BCE of tip of nose of 65 year old female, single treatment, not entire course. ________

D18r. Initial office evaluation of adult with chronic recurrent hives, new patient. ________

D19s. Pathologic gross and microscopic examination of a changing melanocytic lesion in a 26 year old woman. ________

D20t. Initial comprehensive evaluation of 30 year old woman with symptoms of subacute cutaneous LE. ________

D21u. Excision of 2 facial nevi in 20 year old male, 8 and 4 millimeters respectively. ________

E. MAGNITUDE ESTIMATION: LEVEL OF MENTAL EFFORT (3)

Now we want you to rate the same procedures with respect to the level of mental effort and judgment they require.

If a follow-up visit with 48 year old male for ongoing management of psoriasis, not PUVA treatment has a rating of 100, what number would you assign to the level of mental effort and judgment required to do (the/a/an).... (READ EACH)

NUMBER

E1a. Excision of changing pigmented lesion of back, 6 by 4 millimeter, 52 year old male. ________

INTERVIEWER CHECK: So this procedure requires about _____ mental effort and judgment as the standard?

E2b. Cryodestruction of multiple, 3 to 4, facial actinic keratoses in a 65 year old farmer. ________

INTERVIEWER CHECK: So this procedure requires about _____ mental effort and judgment as the standard?

E3c. Initial office visit, for evaluation and counseling of 17 year old female with primary genital herpes. ________

E4d. Obtain specimen for Tzanck Smear and interpretation of test. ________

E5e. Initial office visit, 35 year old male with complaint of alopecia. ________

E6f. Intralesional injection, triamcinolone. ________

E7g. Office revisit for evaluation of 28 year old male with onychomycosis. ________

E8h. Obtain specimen for KOH Slide and interpretation of test. ________

E9i. Office revisit with established 63 year old patient for laser treatment of hemangioma. ________

E10j. Initial office visit, 16 year old male with severe cystic acne, new patient. ________

E11k. Photochemotherapy (PUVA), scheduled treatment during course of therapy. ________

INTERVIEWER CHECK: So this procedure requires about _____ mental effort and judgment as the standard?

E12l. Shave/punch biopsy of probable skin cancer. ________

E13m. Curettage & electrodesiccation of 10 by 12 millimeter basal cell epithelioma (BCE) of cheek of 60 year old male. ________

E14n. Excision & intermediate repair of 4 by 6 millimeter BCE of forehead of 30 year old female. ________

E15o. Liquid nitrogen cryodestruction of 3 verrucae of hands of 14 year old male. ________

E16p. Hospital consultation for possible drug eruption in 50 year old male. ________

E17q. X-ray therapy, BCE of tip of nose of 65 year old female, single treatment, not entire course. ________

E18r. Initial office evaluation of adult with chronic recurrent hives, new patient. ________

E19s. Pathologic gross and microscopic examination of a changing melanocytic lesion in a 26 year old woman. ________

E20t. Initial comprehensive evaluation of 30 year old woman with symptoms of subacute cutaneous LE. ________

E21u. Excision of 2 facial nevi in 20 year old male, 8 and 4 millimeters respectively. ________

F. MAGNITUDE ESTIMATION: IATROGENIC RISK (4)

Now we want you to rate the same procedures with respect to the risk of iatrogenic harm or complications for the patient. This may include the risk associated with mis-diagnosis. Consider in your rating the stress on a physician due to concern about these risks.

If a follow-up visit with 48 year old male for ongoing management of psoriasis, not PUVA treatment has a rating of 100, what number would you assign to the iatrogenic risk when doing (the/a/an)..... (READ EACH)

NUMBER

F1a. Excision of changing pigmented lesion of back, 6 by 4 millimeter, 52 year old male. ________

INTERVIEWER CHECK: So this procedure involves about _____ iatrogenic risk as the standard?

F2b. Cryodestruction of multiple, 3 to 4, facial actinic keratoses in a 65 year old farmer. ________

INTERVIEWER CHECK: So this procedure involves about _____ iatrogenic risk as the standard?

F3c. Initial office visit, for evaluation and counseling of 17 year old female with primary genital herpes. ________

F4d. Obtain specimen for Tzanck Smear and interpretation of test. ________

F5e. Initial office visit, 35 year old male with complaint of alopecia. ________

F6f. Intralesional injection, triamcinolone. ________

F7g. Office revisit for evaluation of 28 year old male with onychomycosis. ________

F8h. Obtain specimen for KOH Slide and interpretation of test. ________

F9i. Office revisit with established 63 year old patient for laser treatment of hemangioma. ________

F10j. Initial office visit, 16 year old male with severe cystic acne, new patient. ________

F11k. Photochemotherapy (PUVA), scheduled treatment during course of therapy. ________

INTERVIEWER CHECK: So this procedure involves about _____ iatrogenic risk as the standard?

F12l. Shave/punch biopsy of probable skin cancer. ________

F13m. Curettage & electrodesiccation of 10 by 12 millimeter basal cell epithelioma (BCE) of cheek of 60 year old male. ________

F14n. Excision & intermediate repair of 4 by 6 millimeter BCE of forehead of 30 year old female. ________

F15o. Liquid nitrogen cryodestruction of 3 verrucae of hands of 14 year old male. ________

F16p. Hospital consultation for possible drug eruption in 50 year old male. ________

F17q. X-ray therapy, BCE of tip of nose of 65 year old female, single treatment, not entire course. ________

F18r. Initial office evaluation of adult with chronic recurrent hives, new patient. ________

F19s. Pathologic gross and microscopic examination of a changing melanocytic lesion in a 26 year old woman. ________

F20t. Initial comprehensive evaluation of 30 year old woman with symptoms of subacute cutaneous LE. ________

F21u. Excision of 2 facial nevi in 20 year old male, 8 and 4 millimeters respectively. ________

G. MAGNITUDE ESTIMATION: COMPLEXITY (5)

Now we want you to provide a summary rating of the **complexity** of these same procedures. In making this summary rating, we want you to consider each of the other three components listed - that is technical skill and physical effort, mental effort and judgment, and concern about iatrogenic risk, regardless of the time a procedure or service takes to do.

If a follow-up visit with 48 year old male for ongoing management of psoriasis, not PUVA treatment has a rating of 100, what number would you give the complexity of (the/a/an) (READ EACH)....

		NUMBER
G1a.	Excision of changing pigmented lesion of back, 6 by 4 millimeter, 52 year old male.	________
	INTERVIEWER CHECK: So this procedure is about _____ as complex as the standard?	
G2b.	Cryodestruction of multiple, 3 to 4, facial actinic keratoses in a 65 year old farmer.	________
	INTERVIEWER CHECK: So this procedure is about _____ as complex as the standard?	
G3c.	Initial office visit, for evaluation and counseling of 17 year old female with primary genital herpes.	________
G4d.	Obtain specimen for Tzanck Smear and interpretation of test.	________
G5e.	Initial office visit, 35 year old male with complaint of alopecia.	________
G6f.	Intralesional injection, triamcinolone.	________
G7g.	Office revisit for evaluation of 28 year old male with onychomycosis.	________
G8h.	Obtain specimen for KOH Slide and interpretation of test.	________
G9i.	Office revisit with established 63 year old patient for laser treatment of hemangioma.	________

G10j. Initial office visit, 16 year old male with severe cystic acne, new patient. ________

G11k. Photochemotherapy (PUVA), scheduled treatment during course of therapy. ________

INTERVIEWER CHECK: So this procedure is about _____ as complex as the standard?

G12l. Shave/punch biopsy of probable skin cancer. ________

G13m. Curettage & electrodesiccation of 10 by 12 millimeter basal cell epithelioma (BCE) of cheek of 60 year old male. ________

G14n. Excision & intermediate repair of 4 by 6 millimeter BCE of forehead of 30 year old female. ________

G15o. Liquid nitrogen cryodestruction of 3 verrucae of hands of 14 year old male. ________

G16p. Hospital consultation for possible drug eruption in 50 year old male. ________

G17q. X-ray therapy, BCE of tip of nose of 65 year old female, single treatment, not entire course. ________

G18r. Initial office evaluation of adult with chronic recurrent hives, new patient. ________

G19s. Pathologic gross and microscopic examination of a changing melanocytic lesion in a 26 year old woman. ________

G20t. Initial comprehensive evaluation of 30 year old woman with symptoms of subacute cutaneous LE. ________

G21u. Excision of 2 facial nevi in 20 year old male, 8 and 4 millimeters respectively. ________

H. DEMOGRAPHIC DATA

Finally, I'd like to get some background information on you and your medical practice. I would like to remind you that all answers are confidential, and no individuals will be identified in any report.

H1. In your main medical practice, are you the owner of your own practice (full or part owner), are you employed by another physician or group of physicians, or are you an employee of some other kind of organization?

1 ☐ OWNER

2 ☐ EMPLOYED BY OTHER PHYSICIAN OR GROUP

3 ☐ OTHER ORGANIZATION (SKIP TO H3)

H2. Including yourself, how many physicians are associated with your practice for at least 20 hours a week?

______________ PHYSICIANS (SKIP TO H4)

H3. In what kind of organization are you employed in your main medical practice - a hospital, an HMO, or some other kind of organization? (What kind of organization?)

1 ☐ HOSPITAL

2 ☐ HMO

3 ☐ OTHER (SPECIFY) ________________________________

____

____

H4. Do you receive the majority of your compensation for practicing medicine from fee for service, from salary, or from some other arrangement?

1 ☐ FEE FOR SERVICE (SKIP TO H6)

2 ☐ SALARY
(SKIP TO H8)
3 ☐ OTHER

H5. (OMITTED)

H6. Do you or your practice have a contract with a preferred provider organization, or PPO?
[PROBE: A preferred provider organization or PPO markets the services of a select panel of health care providers for a discounted charge. The patients pay for services on a previously negotiated predominated fee-for-service basis. Also, patients have an economic incentive to use the panel rather than other health care providers.]
NOTE: A PPO IS NOT AN HMO.

1 [ ] YES

2 [ ] NO

H7. Are you or is your practice a member of an individual practice arrangement or IPA?
[PROBE: Under an IPA plan, a physician's practice would contract with an HMO to treat HMO patients on a fee-for-service basis.]

1 [ ] YES

2 [ ] NO

H8. Does the hospital where you perform most of your hospital work have a resident training program or not?

1 [ ] YES

2 [ ] NO (SKIP TO H11)

3 [ ] INAP, DOES NOT PROVIDE CARE IN ANY HOSPITAL (SKIP TO H12)

H9. Does that hospital have a resident training program in your specialty?

1 [ ] YES

2 [ ] NO

H10. Counting residents in all specialties, would you say that hospital has more or less than 50 residents in training?

1 [ ] MORE THAN 50

2 [ ] LESS THAN 50

H11. How many beds does that hospital have - fewer than 100, 100 to 300, 300 to 500, or over 500?

1 ☐ FEWER THAN 100

2 ☐ 100 TO 300

1 ☐ 300 TO 500

2 ☐ OVER 500

H12. In what year did you graduate from medical school?

______________ YEAR

H13. Are you board certified?

1 ☐ YES

2 ☐ NO (SKIP TO H14)

H13a. In what specialty are you certified?

____

____

H14. Do you or your practice accept assignment from Medicare patients for your services?

1 ☐ YES

2 ☐ NO

H15. Do you or your practice accept patients whose primary medical coverage is your state's Medicaid program?

1 ☐ YES

2 ☐ NO

H16. We need to get a general idea of your income, because that's a variable that may be related to how procedures are rated. We just need your answer in a large range. During 1986, about how much was your own income from your medical practice after expenses but before taxes. Please include fees, salaries, retainers and other forms of compensation.

Was it less than $100,000, 100,000 to $200,000, or over $200,000?

1 ☐ UNDER $100,000

Was it more or less than $70,000?

☐ UNDER $70,000
☐ OVER $70,000

2 ☐ $100,000 TO $200,000

Was it less than $125,000, $125,000 to $150,000, or over $150,000?

☐ LESS THAN $125,000
☐ $125,000 TO $150,000
☐ OVER $150,000

3 ☐ OVER $200,000

Was it more or less than $250,000?

☐ UNDER $250,000
☐ OVER $250,000

H17. Last, had you heard about this study before we contacted you about this interview?

1 ☐ YES

2 ☐ NO (THANK R AND CONCLUDE INTERVIEW)

H18. From what source was that?

____

Thank you for your time and help in answering these questions.

TIME NOW: __________

Appendix I

INTERVIEWER COMMENTS

Appendix I

COVERSHEET NUMBER __________

INTERVIEWER ________________________

INTERVIEWER ID# ______________

FOR OFFICE USE

NATIONAL PHYSICIANS SURVEY

(FAMILY MEDICINE)

Center for Survey Research
University of Massachusetts-Boston

and

Harvard School of Public Health

February/March, 1987

FM

Appendix I

Before we start, let me tell you a few things about this survey. The Center for Survey Research at the University of Massachusetts is conducting interviews for the Harvard School of Public Health. The sponsor of the project is the Health Care Financing Administration. We are interested in the complexity and time involved in certain medical procedures and services. You will be asked about procedures which are common in your specialty. Data collected in this study may be used in physician reimbursement policy.

Your answers are completely confidential and will never be used in any way that could link them to you. They will be combined with other answers for statistical analysis.

Do you have any questions before we start?

Appendix I

TIME NOW: ____________

A. PROCEDURE OR SERVICE TIME

First, I'd like you to tell me how many minutes it usually takes you to complete each of the set of procedures. The list was in the packet of information you received in the mail.

AA. Do you have the list in front of you?

1 ☐ YES

2 ☐ NO

* * * * * *

In this section, we only want you to count the time it takes for you to do the procedure itself on the average patient; do not count time you spend either before or after the service described.

On average, how long does it take to do (the/a/an) (READ EACH).....

MINUTES

A1. Follow-up visit with 55 year old male for management of hypertension, mild fatigue, on betablocker/thiazide regimen. ________

A1a. Direct hospital admission for care of young adult, established patient, who has failed previous therapy and now presents in acute asthmatic attack. ________

A2b. Office revisit for evaluation of 28 year old male with onychomycosis. ________

A3c. Repair of 2 inch laceration of scalp, 14 year old male, office setting. ________

A4d. Appendectomy for acute abdomen with unperforated appendicitis. ________

A5e. Rigid sigmoidoscopy, without biopsy, in office. ________

A6f. Incision and drainage of peri-anal abscess, office procedure. ________

A7g. Abdominal hysterectomy for cancer in situ of cervix in 50 year old woman. ________

A8h. Uncomplicated spontaneous vaginal delivery. ________

A9i. Urinalysis with microscopic exam in office lab under your supervision, excluding collection. ________

A10j. Obtain specimen for KOH slide and interpretation of test. ________

A11k. Initial visit for pregnancy in 25 year old primigravida, new patient, including complete history and physical examination, record preparation, risk assessment, routine prenatal laboratory evaluation, education and counseling, vitamin prescription. ________

A12l. Office visit, established patient, 6 year old child with sore throat and headache. ________

A13m. Office evaluation for possible purulent conjunctivitis with 1-2 day history of redness and discharge in 16 year old female, established patient. ________

A14n. Routine periodic gynecologic exam, by primary care physician, 24 year old established patient, without complaints. ________

A15o. Office visit with 45 year old male, established patient, with chronic asthma, on chronic steroid and bronchodilator therapy. ________

A16p. Office evaluation of new onset right lower quadrant pain in 32 year old woman, established patient. ________

A17q. Office evaluation of 28 year old patient with regional enteritis, diarrhea and low grade fever, established patient. ________

A18r. Scheduled monthly nursing home visit to established patient with Organic Brain Syndrome. ________

A19s. Nursing home visit, unscheduled, for evaluation of patient with fever and obtundation, that subsequently does not involve hospital admission. ________

A20t. Management of patient in acute pulmonary edema in emergency room, who is subsequently admitted to hospital, established patient. ________

A21u. Office consultation for psychiatric examination of 25 year old male with intellectual deterioration and behavior problems, including verbal and physical abuse of co-workers. ________

A22v. Emergency hospital consultation, 72 year old, new patient, with possible bowel obstruction. ________

A23w. Comprehensive well child visit at 6 months, established patient, AAP guidelines. ________

A24x. Phone consultation from patient at home, 1:30 A.M., regarding belching, abdominal pain and nausea in a 62 year old male. ________

A25y. One supervisory conference with visiting nurse for antibiotic therapy in established patient with subacute bacterial endocarditis. ________

B. TIME REQUIRED

We also would like an estimate of time you spend with the average patient before and after you provide a service for these procedures.

B1. For example, when you do an office visit, established patient, 6 year old child with sore throat and headache how many minutes, on average, are needed before hand for preparation for seeing the patient, including reviewing records and communicating with other physicians?

___________ MINUTES

B1a. For the same patient, how many minutes on average are needed after you finish seeing the patient for arranging for further lab studies, consultations, x-rays or other tests, reviewing results of studies, and further communications with the patient and other physicians, including written and telephone reports?

___________ MINUTES

B2. When you do an office evaluation for possible purulent conjunctivitis with 1-2 day history of redness and discharge in 16 year old female, established patient, how many minutes, on average, are needed beforehand for preparation for seeing the patient, including reviewing records and communicating with other physicians?

___________ MINUTES

B2a. For the same patient, how many minutes on average are needed, after you finish seeing the patient for arranging for further lab studies, consultations, x-rays or other tests, reviewing results of studies, and further communications with the patient and other physicians, including written and telephone reports?

___________ MINUTES

B3. When you do an office evaluation of new onset right lower quadrant pain in 32 year old woman, established patient, how many minutes, on average, are needed beforehand for preparation for seeing the patient, including reviewing records and communicating with other physicians?

__________ MINUTES

B3a. For the same patient, how many minutes on average are needed after you finish seeing the patient for arranging for further lab studies, consultations, x-rays or other tests, reviewing results of studies, and further communications with the patient and other physicians, including written and telephone reports?

__________ MINUTES

C. MAGNITUDE ESTIMATION: WORK (1)

Next let's talk about how much work is involved in various procedures you perform within your specialty. The packet we sent to you discussed the method we would like you to use for comparing the procedures. If you have the packet handy, it would be helpful for you to look at a description of the magnitude estimation method as I review it briefly.

The standard for all the ratings will be a follow-up visit with 55 year old male for management of hypertension, mild fatigue, on betablocker/-thiazide regimen. Call this 100. Now with the standard as 100, compare it to each of the other procedures as I read them to you. If the procedure or service I mention is twice as difficult, then your answer would be 200. A procedure half as difficult would be 50, five times as difficult would be 500 and so on.

I am going to ask you to compare each of the procedures to the standard on each of the five dimensions listed at the bottom of the Procedures and Services page. The first dimension is an overall rating of the total amount of work, that is the total time and effort the procedure requires. This is an overall rating that includes the time it takes to complete the procedure and the three components that reflect its complexity -- technical skill and physical effort, mental effort and judgement, and concern about iatrogenic risk. After we complete the ratings of total work, we will ask you to individually rate each of the other dimensions listed and to provide a summary rating of each procedure's complexity.

In all cases, we want you to try to respond in terms of the average or typical patient requiring the procedure or service.

Do you have any questions about the way I want you to compare the procedures, or what we mean by work?

O.k. let's start.

If a follow-up visit with 55 year old male for management of hypertension, mild fatigue, on betablocker/thiazide regimen has a rating of 100, what number would you assign to the total amount of work involved in (the/a/an) (READ EACH)......

NUMBER

C1a. Direct hospital admission for care of young adult, established patient, who has failed previous therapy and now presents in acute asthmatic attack. ________

INTERVIEWER CHECK: So this procedure requires about _____ total amount of work as the standard?

C2b. Office revisit for evaluation of 28 year old male with onychomycosis. ________

INTERVIEWER CHECK: So this procedure requires about _____ total amount of work as the standard?

C3c. Repair of 2 inch laceration of scalp, 14 year old male, office setting. ________

C4d. Appendectomy for acute abdomen with unperforated appendicitis. ________

C5e. Rigid sigmoidoscopy, without biopsy, in office. ________

C6f. Incision and drainage of peri-anal abscess, office procedure. ________

C7g. Abdominal hysterectomy for cancer in situ of cervix in 50 year old woman. ________

C8h. Uncomplicated spontaneous vaginal delivery. ________

C9i. Urinalysis with microscopic exam in office lab under your supervision, excluding collection. ________

C10j. Obtain specimen for KOH slide and interpretation of test. ________

C11k. Initial visit for pregnancy in 25 year old primigravida, new patient, including complete history and physical examination, record preparation, risk assessment, routine prenatal laboratory evaluation, education and counseling, vitamin prescription. ________

INTERVIEWER CHECK: So this procedure requires about _____ total amount of work as the standard?

C12l. Office visit, established patient, 6 year old child with sore throat and headache. ________

C13m. Office evaluation for possible purulent conjunctivitis with 1-2 day history of redness and discharge in 16 year old female, established patient. ________

C14n. Routine periodic gynecologic exam, by primary care physician, 24 year old established patient, without complaints. ________

C15o. Office visit with 45 year old male, established patient, with chronic asthma, on chronic steroid and bronchodilator therapy. ________

C16p. Office evaluation of new onset right lower quadrant pain in 32 year old woman, established patient. ________

C17q. Office evaluation of 28 year old patient with regional enteritis, diarrhea and low grade fever, established patient. ________

C18r. Scheduled monthly nursing home visit to established patient with Organic Brain Syndrome. ________

C19s. Nursing home visit, unscheduled, for evaluation of patient with fever and obtundation, that subsequently does not involve hospital admission. ________

C20t. Management of patient in acute pulmonary edema in emergency room, who is subsequently admitted to hospital, established patient. ________

C21u. Office consultation for psychiatric examination of 25 year old male with intellectual deterioration and behavior problems, including verbal and physical abuse of co-workers. ________

C22v. Emergency hospital consultation, 72 year old, new patient, with possible bowel obstruction. ________

C23w. Comprehensive well child visit at 6 months, established patient, AAP guidelines. ________

C24x. Phone consultation from patient at home, 1:30 A.M., regarding belching, abdominal pain and nausea in a 62 year old male. ________

C25y. One supervisory conference with visiting nurse for antibiotic therapy in established patient with subacute bacterial endocarditis. ________

D. MAGNITUDE ESTIMATION (2): LEVEL OF TECHNICAL SKILL AND PHYSICAL EFFORT

Now we want you to rate the same procedures with respect to the level of technical skill and physical effort, including the manual skill and dexterity they require.

If a follow-up visit with 55 year old male for management of hypertension, mild fatigue, on betablocker/thiazide regimen has a rating of 100, what number would you assign the technical skill and physical effort required to do (the/a/an)....... (READ EACH)

NUMBER

D1a. Direct hospital admission for care of young adult, established patient, who has failed previous therapy and now presents in acute asthmatic attack. ________

INTERVIEWER CHECK: So this procedure requires about ______ technical skill and physical effort as the standard?

D2b Office revisit for evaluation of 28 year old male with onychomycosis. ________

INTERVIEWER CHECK: So this procedure requires about ______ technical skill and physical effort as the standard?

D3 Repair of 2 inch laceration of scalp, 14 year old male, office setting. ________

D4 Appendectomy for acute abdomen with unperforated appendicitis. ________

D5 Rigid sigmoidoscopy, without biopsy, in office. ________

D6 Incision and drainage of peri-anal abscess, office procedure. ________

[illegible] Abdominal hysterectomy for cancer in situ of cervix in 50 year old woman. ________

[illegible] Uncomplicated spontaneous vaginal delivery. ________

D9i. Urinalysis with microscopic exam in office lab under your supervision, excluding collection. ________

D10j. Obtain specimen for KOH slide and interpretation of test. ________

D11k. Initial visit for pregnancy in 25 year old primigravida, new patient, including complete history and physical examination, record preparation, risk assessment, routine prenatal laboratory evaluation, education and counseling, vitamin prescription. ________

INTERVIEWER CHECK: So this procedure requires about _____ technical skill and physical effort as the standard?

D12l. Office visit, established patient, 6 year old child with sore throat and headache. ________

D13m. Office evaluation for possible purulent conjunctivitis with 1-2 day history of redness and discharge in 16 year old female, established patient. ________

D14n. Routine periodic gynecologic exam, by primary care physician, 24 year old established patient, without complaints. ________

D15o. Office visit with 45 year old male, established patient, with chronic asthma, on chronic steroid and bronchodilator therapy. ________

D16p. Office evaluation of new onset right lower quadrant pain in 32 year old woman, established patient. ________

D17q. Office evaluation of 28 year old patient with regional enteritis, diarrhea and low grade fever, established patient. ________

D18r. Scheduled monthly nursing home visit to established patient with Organic Brain Syndrome. ________

D19s. Nursing home visit, unscheduled, for evaluation of patient with fever and obtundation, that subsequently does not involve hospital admission. ________

D20t. Management of patient in acute pulmonary edema in emergency room, who is subsequently admitted to hospital, established patient. ________

D21u. Office consultation for psychiatric examination of 25 year old male with intellectual deterioration and behavior problems, including verbal and physical abuse of co-workers. ________

D22v. Emergency hospital consultation, 72 year old, new patient, with possible bowel obstruction. ________

D23w. Comprehensive well child visit at 6 months, established patient, AAP guidelines. ________

D24x. Phone consultation from patient at home, 1:30 A.M., regarding belching, abdominal pain and nausea in a 62 year old male. ________

D25y. One supervisory conference with visiting nurse for antibiotic therapy in established patient with subacute bacterial endocarditis. ________

E. MAGNITUDE ESTIMATION: LEVEL OF MENTAL EFFORT (3)

Now we want you to rate the same procedures with respect to the level of mental effort and judgment they require.

If a follow-up visit with 55 year old male for management of hypertension, mild fatigue, on betablocker/thiazide regimen has a rating of 100, what number would you assign to the level of mental effort and judgment required to do (the/a/an).... (READ EACH)

NUMBER

E1a. Direct hospital admission for care of young adult, established patient, who has failed previous therapy and now presents in acute asthmatic attack. ________

INTERVIEWER CHECK: So this procedure requires about _____ mental effort and judgment as the standard?

E2b. Office revisit for evaluation of 28 year old male with onychomycosis. ________

INTERVIEWER CHECK: So this procedure requires about _____ mental effort and judgment as the standard?

E3c. Repair of 2 inch laceration of scalp, 14 year old male, office setting. ________

E4d. Appendectomy for acute abdomen with unperforated appendicitis. ________

E5e. Rigid sigmoidoscopy, without biopsy, in office. ________

E6f. Incision and drainage of peri-anal abscess, office procedure. ________

E7g. Abdominal hysterectomy for cancer in situ of cervix in 50 year old woman. ________

E8h. Uncomplicated spontaneous vaginal delivery. ________

E9i. Urinalysis with microscopic exam in office lab under your supervision, excluding collection. ________

E10j. Obtain specimen for KOH slide and interpretation of test. ________

E11k. Initial visit for pregnancy in 25 year old primigravida, new patient, including complete history and physical examination, record preparation, risk assessment, routine prenatal laboratory evaluation, education and counseling, vitamin prescription. ________

INTERVIEWER CHECK: So this procedure requires about _____ mental effort and judgment as the standard?

E12l. Office visit, established patient, 6 year old child with sore throat and headache. ________

E13m. Office evaluation for possible purulent conjunctivitis with 1-2 day history of redness and discharge in 16 year old female, established patient. ________

E14n. Routine periodic gynecologic exam, by primary care physician, 24 year old established patient, without complaints. ________

E15o. Office visit with 45 year old male, established patient, with chronic asthma, on chronic steroid and bronchodilator therapy. ________

E16p. Office evaluation of new onset right lower quadrant pain in 32 year old woman, established patient. ________

E17q. Office evaluation of 28 year old patient with regional enteritis, diarrhea and low grade fever, established patient. ________

E18r. Scheduled monthly nursing home visit to established patient with Organic Brain Syndrome. ________

E19s. Nursing home visit, unscheduled, for evaluation of patient with fever and obtundation, that subsequently does not involve hospital admission. ________

E20t. Management of patient in acute pulmonary edema in emergency room, who is subsequently admitted to hospital, established patient. ________

E21u. Office consultation for psychiatric examination of 25 year old male with intellectual deterioration and behavior problems, including verbal and physical abuse of co-workers. ________

E22v. Emergency hospital consultation, 72 year old, new patient, with possible bowel obstruction. ________

E23w. Comprehensive well child visit at 6 months, established patient. AAP guidelines. ________

E24x. Phone consultation from patient at home, 1:30 A.M., regarding belching, abdominal pain and nausea in a 62 year old male. ________

E25y. One supervisory conference with visiting nurse for antibiotic therapy in established patient with subacute bacterial endocarditis. ________

F. MAGNITUDE ESTIMATION: IATROGENIC RISK (4)

Now we want you to rate the same procedures with respect to the risk of iatrogenic harm or complications for the patient. This may include the risk associated with mis-diagnosis. Consider in your rating the stress on a physician due to concern about these risks.

If a follow-up visit with 55 year old male for management of hypertension, mild fatigue, on betablocker/thiazide regimen has a rating of 100, what number would you assign to the iatrogenic risk when doing (the/a/an)..... (READ EACH)

NUMBER

F1a. Direct hospital admission for care of young adult, established patient, who has failed previous therapy and now presents in acute asthmatic attack. ________

INTERVIEWER CHECK: So this procedure involves about _____ iatrogenic risk as the standard?

F2b. Office revisit for evaluation of 28 year old male with onychomycosis. ________

INTERVIEWER CHECK: So this procedure involves about _____ iatrogenic risk as the standard?

F3c. Repair of 2 inch laceration of scalp, 14 year old male, office setting. ________

F4d. Appendectomy for acute abdomen with unperforated appendicitis. ________

F5e. Rigid sigmoidoscopy, without biopsy, in office. ________

F6f. Incision and drainage of peri-anal abscess, office procedure. ________

F7g. Abdominal hysterectomy for cancer in situ of cervix in 50 year old woman. ________

F8h. Uncomplicated spontaneous vaginal delivery. ________

F9i. Urinalysis with microscopic exam in office lab under your supervision, excluding collection. ________

F10j Obtain specimen for KOH slide and interpretation of test. ________

F11k. Initial visit for pregnancy in 25 year old primigravida, new patient, including complete history and physical examination, record preparation, risk assessment, routine prenatal laboratory evaluation, education and counseling, vitamin prescription. ________

INTERVIEWER CHECK: So this procedure involves about _____ **iatrogenic risk** as the standard?

F12l Office visit, established patient, 6 year old child with sore throat and headache. ________

F13m. Office evaluation for possible purulent conjunctivitis with 1-2 day history of redness and discharge in 16 year old female, established patient. ________

F14n. Routine periodic gynecologic exam, by primary care physician, 24 year old established patient, without complaints. ________

F15o. Office visit with 45 year old male, established patient, with chronic asthma, on chronic steroid and bronchodilator therapy. ________

F16p. Office evaluation of new onset right lower quadrant pain in 32 year old woman, established patient. ________

F17q. Office evaluation of 28 year old patient with regional enteritis, diarrhea and low grade fever, established patient. ________

F18r. Scheduled monthly nursing home visit to established patient with Organic Brain Syndrome. ________

F19s. Nursing home visit, unscheduled, for evaluation of patient with fever and obtundation, that subsequently does not involve hospital admission. ________

F20t. Management of patient in acute pulmonary edema in emergency room, who is subsequently admitted to hospital, established patient. ________

F21u. Office consultation for psychiatric examination of 25 year old male with intellectual deterioration and behavior problems, including verbal and physical abuse of co-workers. ________

F22v. Emergency hospital consultation, 72 year old, new patient, with possible bowel obstruction. ________

F23w. Comprehensive well child visit at 6 months, established patient, AAP guidelines. ________

F24x. Phone consultation from patient at home, 1:30 A.M., regarding belching, abdominal pain and nausea in a 62 year old male. ________

F25y. One supervisory conference with visiting nurse for antibiotic therapy in established patient with subacute bacterial endocarditis. ________

G. MAGNITUDE ESTIMATION: COMPLEXITY (5)

Now we want you to provide a summary rating of the complexity of these same procedures. In making this summary rating, we want you to consider each of the other three components listed - that is technical skill and physical effort, mental effort and judgment, and concern about iatrogenic risk, regardless of the time a procedure or service takes to do.

If a follow-up visit with 55 year old male for management of hypertension, mild fatigue, on betablocker/thiazide regimen has a rating of 100, what number would you give the complexity of (the/a/an) (READ EACH)....

NUMBER

G1a. Direct hospital admission for care of young adult, established patient, who has failed previous therapy and now presents in acute asthmatic attack. ________

INTERVIEWER CHECK: So this procedure is about _____ as complex as the standard?

G2b. Office revisit for evaluation of 28 year old male with onychomycosis. ________

INTERVIEWER CHECK: So this procedure is about _____ as complex as the standard?

G3c. Repair of 2 inch laceration of scalp, 14 year old male, office setting. ________

G4d. Appendectomy for acute abdomen with unperforated appendicitis. ________

G5e. Rigid sigmoidoscopy, without biopsy, in office. ________

G6f. Incision and drainage of peri-anal abscess, office procedure. ________

G7g. Abdominal hysterectomy for cancer in situ of cervix in 50 year old woman. ________

G8h. Uncomplicated spontaneous vaginal delivery. ________

G9i. Urinalysis with microscopic exam in office lab under your supervision, excluding collection. ________

G10j. Obtain specimen for KOH slide and interpretation of test. ________

G11k. Initial visit for pregnancy in 25 year old primigravida, new patient, including complete history and physical examination, record preparation, risk assessment, routine prenatal laboratory evaluation, education and counseling, vitamin prescription. ________

INTERVIEWER CHECK: So this procedure is about _____ as complex as the standard?

G12l. Office visit, established patient, 6 year old child with sore throat and headache. ________

G13m. Office evaluation for possible purulent conjunctivitis with 1-2 day history of redness and discharge in 16 year old female, established patient. ________

G14n. Routine periodic gynecologic exam, by primary care physician, 24 year old established patient, without complaints. ________

G15o. Office visit with 45 year old male, established patient, with chronic asthma, on chronic steroid and bronchodilator therapy. ________

G16p. Office evaluation of new onset right lower quadrant pain in 32 year old woman, established patient. ________

G17q. Cffice evaluation of 28 year old patient with regional enteritis, diarrhea and low grade fever, established patient. ________

G18r. Scheduled monthly nursing home visit to established patient with Organic Brain Syndrome. ________

G19s. Nursing home visit, unscheduled, for evaluation of patient with fever and obtundation, that subsequently does not involve hospital admission. ________

G20t. Management of patient in acute pulmonary edema in emergency room, who is subsequently admitted to hospital, established patient. ________

G21u. Office consultation for psychiatric examination of 25 year old male with intellectual deterioration and behavior problems, including verbal and physical abuse of co-workers. ________

G22v. Emergency hospital consultation, 72 year old, new patient, with possible bowel obstruction. ________

G23w. Comprehensive well child visit at 6 months, established patient, AAP guidelines. ________

G24x. Phone consultation from patient at home, 1:30 A.M., regarding belching, abdominal pain and nausea in a 62 year old male. ________

G25y. One supervisory conference with visiting nurse for antibiotic therapy in established patient with subacute bacterial endocarditis. ________

H. DEMOGRAPHIC DATA

Finally, I'd like to get some background information on you and your medical practice. I would like to remind you that all answers are confidential, and no individuals will be identified in any report.

H1. In your main medical practice, are you the owner of your own practice (full or part owner), are you employed by another physician or group of physicians, or are you an employee of some other kind of organization?

1 ☐ OWNER

2 ☐ EMPLOYED BY OTHER PHYSICIAN OR GROUP

3 ☐ OTHER ORGANIZATION (SKIP TO H3)

H2. Including yourself, how many physicians are associated with your practice for at least 20 hours a week?

____________ PHYSICIANS (SKIP TO H4)

H3. In what kind of organization are you employed in your main medical practice - a hospital, an HMO, or some other kind of organization? (What kind of organization?)

1 ☐ HOSPITAL

2 ☐ HMO

3 ☐ OTHER (SPECIFY) ________________________

____

____

H4. Do you receive the majority of your compensation for practicing medicine from fee for service, from salary, or from some other arrangement?

1 ☐ FEE FOR SERVICE (SKIP TO H6)

2 ☐ SALARY
(SKIP TO H8)
3 ☐ OTHER

H5. (OMITTED)

H6. Do you or your practice have a contract with a preferred provider organization, or PPO?
[PROBE: A preferred provider organization or PPO markets the services of a select panel of health care providers for a discounted charge. The patients pay for services on a previously negotiated predominated fee-for-service basis. Also, patients have an economic incentive to use the panel rather than other health care providers.]
NOTE: A PPO IS NOT AN HMO.

1 [ ] YES

2 [ ] NO

H7. Are you or is your practice a member of an individual practice arrangement or IPA?
[PROBE: Under an IPA plan, a physician's practice would contract with an HMO to treat HMO patients on a fee-for-service basis.]

1 [ ] YES

2 [ ] NO

H8. Does the hospital where you perform most of your hospital work have a resident training program or not?

1 [ ] YES

2 [ ] NO (SKIP TO H11)

3 [ ] INAP, DOES NOT PROVIDE CARE IN ANY HOSPITAL
(SKIP TO H12)

H9. Does that hospital have a resident training program in your specialty?

1 [ ] YES

2 [ ] NO

H10. Counting residents in all specialties, would you say that hospital has more or less than 50 residents in training?

1 [ ] MORE THAN 50

2 [ ] LESS THAN 50

H11. How many beds does that hospital have - fewer than 100, 100 to 300, 300 to 500, or over 500?

1 ☐ FEWER THAN 100

2 ☐ 100 TO 300

1 ☐ 300 TO 500

2 ☐ OVER 500

H12. In what year did you graduate from medical school?

____________ YEAR

H13. Are you board certified?

1 ☐ YES

2 ☐ NO (SKIP TO H14)

H13a. In what specialty are you certified?

____

____

H14. Do you or your practice accept assignment from Medicare patients for your services?

1 ☐ YES

2 ☐ NO

H15. Do you or your practice accept patients whose primary medical coverage is your state's Medicaid program?

1 ☐ YES

2 ☐ NO

H16. We need to get a general idea of your income, because that's a variable that may be related to how procedures are rated. We just need your answer in a large range. During 1986, about how much was your own income from your medical practice after expenses but before taxes. Please include fees, salaries, retainers and other forms of compensation.

Was it less than $100,000, 100,000 to $200,000, or over $200,000?

1 ☐ UNDER $100,000

Was it more or less than $70,000?

☐ UNDER $70,000
☐ OVER $70,000

2 ☐ $100,000 TO $200,000

Was it less than $125,000, $125,000 to $150,000, or over $150,000?

☐ LESS THAN $125,000
☐ $125,000 TO $150,000
☐ OVER $150,000

3 ☐ OVER $200,000

Was it more or less than $250,000?

☐ UNDER $250,000
☐ OVER $250,000

H17. Last, had you heard about this study before we contacted you about this interview?

1 ☐ YES

2 ☐ NO (THANK R AND CONCLUDE INTERVIEW)

H18. From what source was that?

____

Thank you for your time and help in answering these questions.

TIME NOW: ____________

Appendix I

INTERVIEWER COMMENTS

Appendix I

COVERSHEET NUMBER ________

INTERVIEWER ____________________

INTERVIEWER ID# ___________ FOR OFFICE USE

NATIONAL PHYSICIANS SURVEY

(GENERAL SURGERY)

Center for Survey Research
University of Massachusetts-Boston

and

Harvard School of Public Health

February/March, 1987

GS

Appendix I

Before we start, let me tell you a few things about this survey. The Center for Survey Research at the University of Massachusetts is conducting interviews for the Harvard School of Public Health. The sponsor of the project is the Health Care Financing Administration. We are interested in the complexity and time involved in certain medical procedures and services. You will be asked about procedures which are common in your specialty. Data collected in this study may be used in physician reimbursement policy.

Your answers are completely confidential and will never be used in any way that could link them to you. They will be combined with other answers for statistical analysis.

Do you have any questions before we start?

Appendix I

TIME NOW: ____________

A. PROCEDURE OR SERVICE TIME

First, I'd like you to tell me how many minutes it usually takes you to complete each of the set of procedures. The list was in the packet of information you received in the mail.

AA. Do you have the list in front of you?

1 [ ] YES

2 [ ] NO

* * * * * *

In this section, we only want you to count the time it takes for you to do the procedure itself on the average patient; do not count time you spend either before or after the service described.

On average, how long does it take to do (the/a/an) (READ EACH).....

MINUTES

A1. Uncomplicated indirect inguinal hernia repair, 45 year old male. ________

A1a. Total esophagectomy with gastroesophageal anastomosis in chest ________

A2b. Chest tube insertion for spontaneous pneumothorax, in 20 year old. ________

A3c. Regional intravenous anesthesia for upper extremity operation; surgery to be done by other than yourself. ________

A4d. Modified radical mastectomy. ________

A5e. Tracheostomy, emergency procedure, transtracheal, in adult, for partial airway obstruction, post trauma. ________

A6f. Tonsillectomy and adenoidectomy in 10 year old child. ________

A7g. Low anterior resection for rectal carcinoma. ________

A8h. Appendectomy for acute abdomen with unperforated appendicitis. ________

A9i. Rigid sigmoidoscopy, without biopsy, in office. ________

A10j. Colonoscopy and polypectomy in 53 year old male with 2 colon polyps, outpatient procedure. ________

A11k. Cholecystectomy for cholelithiasis. ________

A12l. Abdominal hysterectomy for cancer in situ of cervix in 50 year old woman. ________

A13m. Decompression of carpal tunnel in 48 year old female, unilateral, ambulatory surgery unit. ________

A14n. Excision of 0.5 cm basal cell carcinoma on the outer 1/3 of the lower eyelid. ________

A15o. Preoperative evaluation of new patient with primary hyperparathyroidism. ________

A16p. Comprehensive office visit for initial evaluation of a 48 year old man with recurrent low back pain radiating to the leg. ________

A17q. Follow-up office visit, 60 year old established patient 8 weeks post partial colectomy with end-to-end anastomosis. ________

A18r. Follow-up visit, post treatment, of patient with primary breast cancer. ________

A19s. Office evaluation of new onset right lower quadrant pain in a 32 year old woman, established patient. ________

A20t. Hospital admission, 45 year old female with acute cholecystitis. ________

A21u. Hospital visit, 3 days post uncomplicated cholecystectomy with common bile duct exploration. ________

A22v. Initial evaluation and formulation of plan for management of multiple trauma patient with complex pelvic fracture in 35 year old male. ________

A23w. Emergency hospital consultation, 72 year old, new patient, with possible bowel obstruction. ________

A24x. Insertion of Swan-Ganz catheter. ________

A25y. Triage, resuscitation and hospital admission from ER, prior to consultation/intervention, of 52 year old, new patient, alcoholic male with ascites, jaundice, encephalopathy, and massive hematemesis. ________

B. TIME REQUIRED FOR SURGICAL CARE

Now I want you to estimate the time you normally spend on activities related to surgery (other than the time to do the surgery itself) when the patient is in the hospital.

TIME IN MINUTES

B1. Let's use a cholecystectomy for cholelithiasis as an example.

On average, how many minutes would you spend on (READ B1a).... (How about (READ B1b)?)

B1a. the hospital admission workup and hospital visits before the operation? ____________

B1b. dressing, scrubbing, and waiting before the operation? ____________

B1c. providing immediate postoperative care, including dictating operative notes, talking with the family and other physicians, writing orders, and checking in on the patient in the recovery room? ____________

B1d. additional post-operative follow-up the day of the surgery? ____________

B1e. On average, how many days do you see the patient in the hospital after the day of surgery for a cholecystectomy for cholelithiasis ____________ (DAYS)

[ ] NONE (SKIP TO B2)

B1f. On each of those days after surgery, how many minutes do you spend, on average, seeing the patient? ____________ (MINUTES)

B2. Now let's use an uncomplicated indirect inguinal hernia repair, 45 year old male as an example.

On average, how many minutes would you spend on (READ B1a).... (How about (READ B1b)?)

B2a. the hospital admission workup and hospital visits before the operation? ________

B2b. dressing, scrubbing, and waiting before the operation? ________

B2c. providing immediate postoperative care, including dictating operative notes, talking with the family and other physicians, writing orders, and checking in on the patient in the recovery room? ________

B2d. additional post-operative follow-up the day of the surgery? ________

B2e. On average, how many days do you see the patient in the hospital after the day of surgery for an uncomplicated indirect inguinal hernia repair? ________ (DAYS)

[ ] NONE (SKIP TO B3)

B2f. On each of those days after surgery, how many minutes do you spend, on average, seeing the patient? ________ (MINUTES)

B3. As a final example, use a low anterior resection for rectal carcinoma.

On average, how many minutes would you spend on (READ B1a).... (How about (READ B1b)?)

B3a. the hospital admission workup and hospital visits before the operation? ______________

B3b. dressing, scrubbing, and waiting before the operation? ______________

B3c. providing immediate postoperative care, including dictating operative notes, talking with the family and other physicians, writing orders, and checking in on the patient in the recovery room? ______________

B3d. additional post-operative follow-up the day of the surgery? ______________

B3e. On average, how many days do you see the patient in the hospital *after* the day of surgery for low anterior resection for rectal carcinoma? ______________ (DAYS)

[ ] NONE (SKIP TO C)

B3f. On each of those days after surgery, how many minutes do you spend, on average, seeing the patient? ______________ (MINUTES)

C. MAGNITUDE ESTIMATION: WORK (1)

Next let's talk about how much work is involved in various procedures you perform within your specialty. The packet we sent to you discussed the method we would like you to use for comparing the procedures. If you have the packet handy, it would be helpful for you to look at a description of the magnitude estimation method as I review it briefly.

The standard for all the ratings will be an uncomplicated indirect inguinal hernia repair, 45 year old male. Call this 100. Now with the standard as 100, compare it to each of the other procedures as I read them to you. If the procedure or service I mention is twice as difficult, then your answer would be 200. A procedure half as difficult would be 50, five times as difficult would be 500 and so on.

I am going to ask you to compare each of the procedures to the standard on each of the five dimensions listed at the bottom of the Procedures and Services page. The first dimension is an overall rating of the total amount of work, that is the total time and effort the procedure requires. This is an overall rating that includes the time it takes to complete the procedure and the three components that reflect its complexity -- technical skill and physical effort, mental effort and judgement, and concern about iatrogenic risk. After we complete the ratings of total work, we will ask you to individually rate each of the other dimensions listed and to provide a summary rating of each procedure's complexity.

In all cases, we want you to try to respond in terms of the average or typical patient requiring the procedure or service.

Do you have any questions about the way I want you to compare the procedures, or what we mean by work?

O.k. let's start.

If an uncomplicated indirect inguinal hernia repair, 45 year old male has a rating of 100, what number would you assign to the total amount of work involved in (the/a/an) (READ EACH)......

	NUMBER
C1a. Total esophagectomy with gastroesophageal anastomosis in chest	________

INTERVIEWER CHECK: So this procedure requires about _____ total amount of work as the standard?

C2b. Chest tube insertion for spontaneous pneumothorax, in 20 year old. ________

INTERVIEWER CHECK: So this procedure requires about _____ **total amount of work as the standard?**

C3c. Regional intravenous anesthesia for upper extremity operation; surgery to be done by other than yourself. ________

C4d. Modified radical mastectomy. ________

C5e. Tracheostomy, emergency procedure, transtracheal, in adult, for partial airway obstruction, post trauma. ________

C6f. Tonsillectomy and adenoidectomy in 10 year old child. ________

C7g. Low anterior resection for rectal carcinoma. ________

C8h. Appendectomy for acute abdomen with unperforated appendicitis. ________

C9i. Rigid sigmoidoscopy, without biopsy, in office. ________

C10j. Colonoscopy and polypectomy in 53 year old male with 2 colon polyps, outpatient procedure. ________

C11k. Cholecystectomy for cholelithiasis. ________

INTERVIEWER CHECK: So this procedure requires about _____ **total amount of work as the standard?**

C12l. Abdominal hysterectomy for cancer in situ of cervix in 50 year old woman. ________

C13m. Decompression of carpal tunnel in 48 year old female, unilateral, ambulatory surgery unit. ________

C14n. Excision of 0.5 cm basal cell carcinoma on the outer 1/3 of the lower eyelid. ________

C15o. Preoperative evaluation of new patient with primary hyperparathyroidism. ________

C16p. Comprehensive office visit for initial evaluation of a 48 year old man with recurrent low back pain radiating to the leg. ________

C17q. Follow-up office visit, 60 year old established patient 8 weeks post partial colectomy with end-to-end anastomosis. ________

C18r. Follow-up visit, post treatment, of patient with primary breast cancer. ________

C19s. Office evaluation of new onset right lower quadrant pain in a 32 year old woman, established patient. ________

C20t. Hospital admission, 45 year old female with acute cholecystitis. ________

C21u. Hospital visit, 3 days post uncomplicated cholecystectomy with common bile duct exploration. ________

C22v. Initial evaluation and formulation of plan for management of multiple trauma patient with complex pelvic fracture in 35 year old male. ________

C23w. Emergency hospital consultation, 72 year old, new patient, with possible bowel obstruction. ________

C24x. Insertion of Swan-Ganz catheter. ________

C25y. Triage, resuscitation and hospital admission from ER, prior to consultation/intervention, of 52 year old, new patient, alcoholic male with ascites, jaundice, encephalopathy, and massive hematemesis. ________

D. MAGNITUDE ESTIMATION (2): LEVEL OF TECHNICAL SKILL AND PHYSICAL EFFORT

Now we want you to rate the same procedures with respect to the level of technical skill and physical effort, including the manual skill and dexterity they require.

If an uncomplicated indirect inguinal hernia repair, 45 year old male has a rating of 100, what number would you assign the technical skill and physical effort required to do (the/a/an)....... (READ EACH)

NUMBER

D1a. Total esophagectomy with gastroesophageal anastomosis in chest ________

INTERVIEWER CHECK: So this procedure requires about _____ technical skill and physical effort as the standard?

D2b. Chest tube insertion for spontaneous pneumothorax, in 20 year old. ________

INTERVIEWER CHECK: So this procedure requires about _____ technical skill and physical effort as the standard?

D3c. Regional intravenous anesthesia for upper extremity operation; surgery to be done by other than yourself. ________

D4d. Modified radical mastectomy. ________

D5e. Tracheostomy, emergency procedure, transtracheal, in adult, for partial airway obstruction, post trauma. ________

D6f. Tonsillectomy and adenoidectomy in 10 year old child. ________

D7g. Low anterior resection for rectal carcinoma. ________

D8h. Appendectomy for acute abdomen with unperforated appendicitis. ________

D9i. Rigid sigmoidoscopy, without biopsy, in office. ________

D10j. Colonoscopy and polypectomy in 53 year old **male with** 2 colon polyps, outpatient procedure. ________

D11k. Cholecystectomy for cholelithiasis. ________

INTERVIEWER CHECK: So this procedure requires about _____ **technical skill and physical effort** as the standard?

D12l. Abdominal hysterectomy for cancer in situ of cervix in 50 year old woman. ________

D13m. Decompression of carpal tunnel in 48 year old female, unilateral, ambulatory surgery unit. ________

D14n. Excision of 0.5 cm basal cell carcinoma on the outer 1/3 of the lower eyelid. ________

D15o. Preoperative evaluation of new patient with primary hyperparathyroidism. ________

D16p. Comprehensive office visit for initial evaluation of a 48 year old man with recurrent low back pain radiating to the leg. ________

D17q. Follow-up office visit, 60 year old established patient 8 weeks post partial colectomy with end-to-end anastomosis. ________

D18r. Follow-up visit, post treatment, of patient with primary breast cancer. ________

D19s. Office evaluation of new onset right lower quadrant pain in a 32 year old woman, established patient. ________

D20t. Hospital admission, 45 year old female with acute cholecystitis. ________

D21u. Hospital visit, 3 days post uncomplicated cholecystectomy with common bile duct exploration. ________

D22v. Initial evaluation and formulation of plan for management of multiple trauma patient with complex pelvic fracture in 35 year old male. ________

D23w. Emergency hospital consultation, 72 year old, new patient, with possible bowel obstruction. ________

D24x. Insertion of Swan-Ganz catheter. ________

D25y. Triage, resuscitation and hospital admission from ER, prior to consultation/intervention, of 52 year old, new patient, alcoholic male with ascites, jaundice, encephalopathy, and massive hematemesis. ________

E. MAGNITUDE ESTIMATION: LEVEL OF MENTAL EFFORT (3)

Now we want you to rate the same procedures with respect to level of mental effort and judgment they require.

If an uncomplicated indirect inguinal hernia repair, 45 year old male has a rating of 100, what number would you assign to the level of mental effort and judgment required to do (the/a/an)...... (READ EACH)

NUMBER

E1a. Total esophagectomy with gastroesophageal anastomosis in chest ________

INTERVIEWER CHECK: So this procedure requires about _____ mental effort and judgment as the standard?

E2b. Chest tube insertion for spontaneous pneumothorax, in 20 year old. ________

INTERVIEWER CHECK: So this procedure requires about _____ mental effort and judgment as the standard?

E3c. Regional intravenous anesthesia for upper extremity operation; surgery to be done by other than yourself. ________

E4d. Modified radical mastectomy. ________

E5e. Tracheostomy, emergency procedure, transtracheal, in adult, for partial airway obstruction, post trauma. ________

E6f. Tonsillectomy and adenoidectomy in 10 year old child. ________

E7g. Low anterior resection for rectal carcinoma. ________

E8h. Appendectomy for acute abdomen with unperforated appendicitis. ________

E9i. Rigid sigmoidoscopy, without biopsy, in office. ________

E10j. Colonoscopy and polypectomy in 53 year old male with 2 colon polyps, outpatient procedure. ________

E11k. Cholecystectomy for cholelithiasis. ________

INTERVIEWER CHECK: So this procedure requires about _____ mental effort and judgment as the standard?

E12l. Abdominal hysterectomy for cancer in situ of cervix in 50 year old woman. ________

E13m. Decompression of carpal tunnel in 48 year old female, unilateral, ambulatory surgery unit. ________

E14n. Excision of 0.5 cm basal cell carcinoma on the outer 1/3 of the lower eyelid. ________

E15o. Preoperative evaluation of new patient with primary hyperparathyroidism. ________

E16p. Comprehensive office visit for initial evaluation of a 48 year old man with recurrent low back pain radiating to the leg. ________

E17q. Follow-up office visit, 60 year old established patient 8 weeks post partial colectomy with end-to-end anastomosis. ________

E18r. Follow-up visit, post treatment, of patient with primary breast cancer. ________

EC19s. Office evaluation of new onset right lower quadrant pain in a 32 year old woman, established patient. ________

E20t. Hospital admission, 45 year old female with acute cholecystitis. ________

E21u. Hospital visit, 3 days post uncomplicated cholecystectomy with common bile duct exploration. ________

E22v. Initial evaluation and formulation of plan for management of multiple trauma patient with complex pelvic fracture in 35 year old male. ________

E23w. Emergency hospital consultation; 72 year old, new patient, with possible bowel obstruction. ________

E24x. Insertion of Swan-Ganz catheter. ________

E25y. Triage, resuscitation and hospital admission from ER, prior to consultation/intervention, of 52 year old, new patient, alcoholic male with ascites, jaundice, encephalopathy, and massive hematemesis. ________

F. MAGNITUDE ESTIMATION: IATROGENIC RISK (4)

Now we want you to rate the same procedures with respect to the **risk of iatrogenic** harm or complications for the patient. This may include the risk associated with mis-diagnosis. Consider in your rating the stress on a physician due to concern about these risks.

If an uncomplicated indirect inguinal hernia repair, 45 year old male has a rating of 100, what number would you assign to the **iatrogenic risk** when doing (the/a/an)..... (READ EACH)

NUMBER

F1a. Total esophagectomy with gastroesophageal anastomosis in chest ________

INTERVIEWER CHECK: So this procedure involves about _____ iatrogenic risk as the standard?

F2b. Chest tube insertion for spontaneous pneumothorax, in 20 year old. ________

INTERVIEWER CHECK: So this procedure involves about _____ iatrogenic risk as the standard?

F3c. Regional intravenous anesthesia for upper extremity operation; surgery to be done by other than yourself. ________

F4d. Modified radical mastectomy. ________

F5e. Tracheostomy, emergency procedure, transtracheal, in adult, for partial airway obstruction, post trauma. ________

F6f. Tonsillectomy and adenoidectomy in 10 year old child. ________

F7g. Low anterior resection for rectal carcinoma. ________

F8h. Appendectomy for acute abdomen with unperforated appendicitis. ________

F9i. Rigid sigmoidoscopy, without biopsy, in office. ________

F10j. Colonoscopy and polypectomy in 53 year old male with 2 colon polyps, outpatient procedure. ________

F11k. Cholecystectomy for cholelithiasis. ________

INTERVIEWER CHECK: So this procedure involves about _____ iatrogenic risk as the standard?

F12l. Abdominal hysterectomy for cancer in situ of cervix in 50 year old woman. ________

F13m. Decompression of carpal tunnel in 48 year old female, unilateral, ambulatory surgery unit. ________

F14n. Excision of 0.5 cm basal cell carcinoma on the outer 1/3 of the lower eyelid. ________

F15o. Preoperative evaluation of new patient with primary hyperparathyroidism. ________

F16p. Comprehensive office visit for initial evaluation of a 48 year old man with recurrent low back pain radiating to the leg. ________

F17q. Follow-up office visit, 60 year old established patient 8 weeks post partial colectomy with end-to-end anastomosis. ________

F18r. Follow-up visit, post treatment, of patient with primary breast cancer. ________

F19s. Office evaluation of new onset right lower quadrant pain in a 32 year old woman, established patient. ________

F20t. Hospital admission, 45 year old female with acute cholecystitis. ________

F21u. Hospital visit, 3 days post uncomplicated cholecystectomy with common bile duct exploration. ________

F22v. Initial evaluation and formulation of plan for management of multiple trauma patient with complex pelvic fracture in 35 year old male. ________

F23w. Emergency hospital consultation, 72 year old, new patient, with possible bowel obstruction. ________

F24x. Insertion of Swan-Ganz catheter. ________

F25y. Triage, resuscitation and hospital admission from ER, prior to consultation/intervention, of 52 year old, new patient, alcoholic male with ascites, jaundice, encephalopathy, and massive hematemesis. ________

G. MAGNITUDE ESTIMATION: COMPLEXITY (5)

Now we want you to provide a summary rating of the **complexity** of these same procedures. In making this summary rating, we want you to consider each of the other three components listed - that is technical skill and physical effort, mental effort and judgment, and concern about iatrogenic risk, regardless of the time a procedure or service takes to do.

If an uncomplicated indirect inguinal hernia repair, 45 year old male has a rating of 100, what number would you give the **complexity** of (the/a/an) (READ EACH)....

NUMBER

G1a. Total esophagectomy with gastroesophageal anastomosis in chest ________

INTERVIEWER CHECK: So this procedure is about _____ as complex as the standard?

G2b. Chest tube insertion for spontaneous pneumothorax, in 20 year old. ________

INTERVIEWER CHECK: So this procedure is about _____ as complex as the standard?

G3c. Regional intravenous anesthesia for upper extremity operation; surgery to be done by other than yourself. ________

G4d. Modified radical mastectomy. ________

G5e. Tracheostomy, emergency procedure, transtracheal, in adult, for partial airway obstruction, post trauma. ________

G6f. Tonsillectomy and adenoidectomy in 10 year old child. ________

G7g. Low anterior resection for rectal carcinoma. ________

G8h. Appendectomy for acute abdomen with unperforated appendicitis. ________

G9i. Rigid sigmoidoscopy, without biopsy, in office. ________

G10j. Colonoscopy and polypectomy in 53 year old male with 2 colon polyps, outpatient procedure. ________

G11k. Cholecystectomy for cholelithiasis. ________

INTERVIEWER CHECK: So this procedure is about _____ as complex as the standard?

G12l. Abdominal hysterectomy for cancer in situ of cervix in 50 year old woman. ________

G13m. Decompression of carpal tunnel in 48 year old female, unilateral, ambulatory surgery unit. ________

G14n. Excision of 0.5 cm basal cell carcinoma on the outer 1/3 of the lower eyelid. ________

G15o. Preoperative evaluation of new patient with primary hyperparathyroidism. ________

G16p. Comprehensive office visit for initial evaluation of a 48 year old man with recurrent low back pain radiating to the leg. ________

G17q. Follow-up office visit, 60 year old established patient 8 weeks post partial colectomy with end-to-end anastomosis. ________

G18r. Follow-up visit, post treatment, of patient with primary breast cancer. ________

G19s. Office evaluation of new onset right lower quadrant pain in a 32 year old woman, established patient. ________

G20t. Hospital admission, 45 year old female with acute cholecystitis. ________

G21u. Hospital visit, 3 days post uncomplicated cholecystectomy with common bile duct exploration. ________

G22v. Initial evaluation and formulation of plan for management of multiple trauma patient with complex pelvic fracture in 35 year old male. ________

G23w. Emergency hospital consultation, 72 year old, new patient, with possible bowel obstruction. ________

G24x. Insertion of Swan-Ganz catheter. ________

G25y. Triage, resuscitation and hospital admission from ER, prior to consultation/intervention, of 52 year old, new patient, alcoholic male with ascites, jaundice, encephalopathy, and massive hematemesis. ________

H. DEMOGRAPHIC DATA

Finally, I'd like to get some background information on you and your medical practice. I would like to remind you that all answers are confidential, and no individuals will be identified in any report.

H1. In your main medical practice, are you the owner of your own practice (full or part owner), are you employed by another physician or group of physicians, or are you an employee of some other kind of organization?

1 ☐ OWNER

2 ☐ EMPLOYED BY OTHER PHYSICIAN OR GROUP

3 ☐ OTHER ORGANIZATION (SKIP TO H3)

H2. Including yourself, how many physicians are associated with your practice for at least 20 hours a week?

______________ PHYSICIANS (SKIP TO H4)

H3. In what kind of organization are you employed in your main medical practice - a hospital, an HMO, or some other kind of organization? (What kind of organization?)

1 ☐ HOSPITAL

2 ☐ HMO

3 ☐ OTHER (SPECIFY) ________________________________

____

____

H4. Do you receive the majority of your compensation for practicing medicine from fee for service, from salary, or from some other arrangement?

1 ☐ FEE FOR SERVICE (SKIP TO H6)

2 ☐ SALARY
(SKIP TO H8)
3 ☐ OTHER

H5. (OMITTED)

H6. Do you or your practice have a contract with a preferred provider organization, or PPO?
[PROBE: A preferred provider organization or PPO markets the services of a select panel of health care providers for a discounted charge. The patients pay for services on a previously negotiated predominated fee-for-service basis. Also, patients have an economic incentive to use the panel rather than other health care providers.]
NOTE: A PPO IS NOT AN HMO.

1 [ ] YES

2 [ ] NO

H7. Are you or is your practice a member of an individual practice arrangement or IPA?
[PROBE: Under an IPA plan, a physician's practice would contract with an HMO to treat HMO patients on a fee-for-service basis.]

1 [ ] YES

2 [ ] NO

H8. Does the hospital where you perform most of your hospital work have a resident training program or not?

1 [ ] YES

2 [ ] NO (SKIP TO H11)

3 [ ] INAP, DOES NOT PROVIDE CARE IN ANY HOSPITAL (SKIP TO H12)

H9. Does that hospital have a resident training program in your specialty?

1 [ ] YES

2 [ ] NO

H10. Counting residents in all specialties, would you say that hospital has more or less than 50 residents in training?

1 [ ] MORE THAN 50

2 [ ] LESS THAN 50

H11. How many beds does that hospital have - fewer than 100, 100 to 300, 300 to 500, or over 500?

1 ☐ FEWER THAN 100

2 ☐ 100 TO 300

1 ☐ 300 TO 500

2 ☐ OVER 500

H12. In what year did you graduate from medical school?

____________ YEAR

H13. Are you board certified?

1 ☐ YES

2 ☐ NO (SKIP TO H14)

H13a. In what specialty are you certified?

____

____

H14. Do you or your practice accept assignment from Medicare patients for your services?

1 ☐ YES

2 ☐ NO

H15. Do you or your practice accept patients whose primary medical coverage is your state's Medicaid program?

1 ☐ YES

2 ☐ NO

H16. We need to get a general idea of your income, because that's a variable that may be related to how procedures are rated. We just need your answer in a large range. During 1986, about how much was your own income from your medical practice after expenses but before taxes. Please include fees, salaries, retainers and other forms of compensation.

Was it less than $100,000, 100,000 to $200,000, or over $200,000?

1 ☐ UNDER $100,000

Was it more or less than $70,000?

☐ UNDER $70,000
☐ OVER $70,000

2 ☐ $100,000 TO $200,000

Was it less than $125,000, $125,000 to $150,000, or over $150,000?

☐ LESS THAN $125,000
☐ $125,000 TO $150,000
☐ OVER $150,000

3 ☐ OVER $200,000

Was it more or less than $250,000?

☐ UNDER $250,000
☐ OVER $250,000

H17. Last, had you heard about this study before we contacted you about this interview?

1 ☐ YES

2 ☐ NO (THANK R AND CONCLUDE INTERVIEW)

H18. From what source was that?

____

Thank you for your time and help in answering these questions.

TIME NOW: ____________

INTERVIEWER COMMENTS

Appendix I

COVERSHEET NUMBER ________

INTERVIEWER ____________________

INTERVIEWER ID# ___________

FOR OFFICE USE

NATIONAL PHYSICIANS SURVEY

(INTERNAL MEDICINE)

Center for Survey Research
University of Massachusetts-Boston

and

Harvard School of Public Health

February/March, 1987

IM

Appendix I

Before we start, let me tell you a few things about this survey. The Center for Survey Research at the University of Massachusetts is conducting interviews for the Harvard School of Public Health. The sponsor of the project is the Health Care Financing Administration. We are interested in the complexity and time involved in certain medical procedures and services. You will be asked about procedures which are common in your specialty. Data collected in this study may be used in physician reimbursement policy.

Your answers are completely confidential and will never be used in any way that could link them to you. They will be combined with other answers for statistical analysis.

Do you have any questions before we start?

Appendix I

TIME NOW: ____________

A. PROCEDURE OR SERVICE TIME

First, I'd like you to tell me how many minutes it usually takes you to complete each of the set of procedures. The list was in the packet of information you received in the mail.

AA. Do you have the list in front of you?

1 ☐ YES

2 ☐ NO

* * * * * *

In this section, we only want you to count the time it takes for you to do the procedure itself on the average patient; do not count time you spend either before or after the service described.

On average, how long does it take to do (the/a/an) (READ EACH).....

		MINUTES
A1.	Follow-up visit of a 55 year old male for management of hypertension, mild fatigue, on beta blocker/thiazide regimen.	________
A1a.	Management of patient in acute pulmonary edema in emergency room, who subsequently is admitted to hospital, established patient.	________
A2b.	Office visit, sore throat, fever, and fatigue in 19 year old college student, established patient.	________
A3c.	Aspiration of synovial fluid from knee.	________
A4d.	Rigid sigmoidoscopy, without biopsy, in office.	________
A5e.	Urinalysis with microscopic exam in office lab under your supervision, excluding collection.	________
A6f.	Initial office evaluation for diagnosis and management of painless gross hematuria in new patient, without cystoscopy.	________
A7g.	Emergency hospital consultation, 72 year old, new patient, with possible bowel obstruction.	________
A8h.	Office evaluation for possible purulent bacterial conjunctivitis with 1 to 2 day history of redness and discharge in 16 year old female, established patient.	________

A9i. Office visit with 45 year old male, established patient, with chronic asthma, on chronic steroid and bronchodilator therapy. ________

A10j. Office evaluation of new onset right lower quadrant pain in a 32 year old woman, established patient. ________

A11k. Office visit for detailed evaluation of recent onset syncopal attacks in 70 year old woman, established patient. ________

A12l. Office evaluation of 28 year old patient with regional enteritis, diarrhea, and low grade fever, established patient. ________

A13m. Direct hospital admission of a 62 year old smoker, established patient, with bronchitis in acute respiratory distress. ________

A14n. Follow-up hospital visit, day 2, patient with non-dominant CVA with mild hemiparesis. ________

A15o. Hospital visit, day 3 post admission, 65 year old male with uncomplicated MI, established patient. ________

A16p. Scheduled monthly nursing home visit to established patient with Organic Brain Syndrome. ________

A17q. Nursing home visit, unscheduled, for evaluation of patient with fever and obtundation that subsequently does not involve hospital admission. ________

A18r. Hospital consultation for diagnosis/management of fever following abdominal surgery. ________

A19s. Initial evaluation and management of recurrent urinary tract infection in female. ________

A20t. Initial office evaluation of a 37 year old generally well male. ________

A21u. ECG with interpretation in a 50 year old man. ________

A22v. Office phone consultation regarding possible adverse drug reaction in established patient. ________

A23w. Phone consultation from patient at home, 1:30 A.M., regarding new onset of belching, abdominal pain, and nausea in 62 year old man. ________

A24x. One supervisory conference with visiting nurse for antibiotic therapy in established patient with subacute bacterial endocarditis. ________

B. TIME REQUIRED

We also would like an estimate of time you spend with the average patient before and after you provide a service for these procedures.

B1. For example, when you do an office visit, sore throat, fever, and fatigue in 19 year old college student, established patient how many minutes, on average, is needed before hand for preparation for seeing the patient, including reviewing records and communicating with other physicians?

__________ MINUTES

B1a. For the same patient, how many minutes on average is needed after you finish seeing the patient for arranging for further lab studies, consultations, x-rays or other tests, reviewing results of studies, and further communications with the patient and other physicians, including written and telephone reports?

__________ MINUTES

B2. When you do a follow-up visit of a 55 year old male for management of hypertension, mild fatigue, on beta blocker/thiazide regimen, how many minutes, on average, is needed beforehand for preparation for seeing the patient, including reviewing records and communicating with other physicians?

__________ MINUTES

B2a. For the same patient, how many minutes on average is needed, after you finish seeing the patient for arranging for further lab studies, consultations, x-rays or other tests, reviewing results of studies, and further communications with the patient and other physicians, including written and telephone reports?

__________ MINUTES

B3. When you do an office evaluation of 28 year old patient with regional enteritis, diarrhea, and low grade fever, established patient how many minutes, on average, is needed beforehand for preparation for seeing the patient, including reviewing records and communicating with other physicians?

__________ MINUTES

B3a. For the same patient, how many minutes on average is needed after you finish seeing the patient for arranging for further lab studies, consultations, x-rays or other tests, reviewing results of studies, and further communications with the patient and other physicians, including written and telephone reports?

__________ MINUTES

C. MAGNITUDE ESTIMATION: WORK (1)

Next let's talk about how much work is involved in various procedures you perform within your specialty. The packet we sent to you discussed the method we would like you to use for comparing the procedures. If you have the packet handy, it would be helpful for you to look at a description of the magnitude estimation method as I review it briefly.

The standard for all the ratings will be a follow-up visit of a 55 year old male for management of hypertension, mild fatigue, on beta blocker/thiazide regimen. Call this 100. Now with the standard as 100, compare it to each of the other procedures as I read them to you. If the procedure or service I mention is twice as difficult, then your answer would be 200. A procedure half as difficult would be 50, five times as difficult would be 500 and so on.

I am going to ask you to compare each of the procedures to the standard on each of the five dimensions listed at the bottom of the Procedures and Services page. The first dimension is an overall rating of the total amount of work, that is the total time and effort the procedure requires. This is an overall rating that includes the time it takes to complete the procedure and the three components that reflect its complexity -- technical skill and physical effort, mental effort and judgement, and concern about iatrogenic risk. After we complete the ratings of total work, we will ask you to individually rate each of the other dimensions listed and to provide a summary rating of each procedure's complexity.

In all cases, we want you to try to respond in terms of the average or typical patient requiring the procedure or service.

Do you have any questions about the way I want you to compare the procedures, or what we mean by work?

O.k. let's start.

If a follow-up visit of a 55 year old male for management of hypertension, mild fatigue, on beta blocker/thiazide regimen has a rating of 100, what number would you assign to the total amount of work involved in (the/a/an) (READ EACH)......

NUMBER

C1a. Management of patient in acute pulmonary edema in emergency room, who subsequently is admitted to hospital, established patient. ________

INTERVIEWER CHECK: So this procedure requires about _____ total amount of work as the standard?

C2b. Office visit, sore throat, fever, and fatigue in 19 year old college student, established patient. ________

INTERVIEWER CHECK: So this procedure requires about _____ total amount of work as the standard?

C3c. Aspiration of synovial fluid from knee. ________

C4d. Rigid sigmoidoscopy, without biopsy, in office. ________

C5e. Urinalysis with microscopic exam in office lab under your supervision,excluding collection. ________

C6f. Initial office evaluation for diagnosis and management of painless gross hematuria in new patient, without cystoscopy. ________

C7g. Emergency hospital consultation, 72 year old, new patient, with possible bowel obstruction. ________

C8h. Office evaluation for possible purulent bacterial conjunctivitis with 1 to 2 day history of redness and discharge in 16 year old female, established patient. ________

C9i. Office visit with 45 year old male, established patient, with chronic asthma, on chronic steroid and bronchodilator therapy. ________

C10j. Office evaluation of new onset right lower quadrant pain in a 32 year old woman, established patient. ________

C11k. Office visit for detailed evaluation of recent onset syncopal attacks in 70 year old woman, established patient. ________

INTERVIEWER CHECK: So this procedure requires about _____ total amount of work as the standard?

C12l. Office evaluation of 28 year old patient with regional enteritis, diarrhea, and low grade fever, established patient. ________

C13m. Direct hospital admssion of a 62 year old smoker, established patient, with bronchitis in acute respiratory distress. ________

C14n. Follow-up hospital visit, day 2, patient with non-dominant CVA with mild hemiparesis. ________

C15o. Hospital visit, day 3 post admission, 65 year old male with uncomplicated MI, established patient. ________

C16p. Scheduled monthly nursing home visit to established patient with Organic Brain Syndrome. ________

C17q. Nursing home visit, unscheduled, for evaluation of patient with fever and obtundation that subsequently does not involve hospital admission. ________

C18r. Hospital consultation for diagnosis/management of fever following abdominal surgery. ________

C19s. Initial evaluation and management of recurrent urinary tract infection in female. ________

C20t. Initial office evaluation of a 37 year old generally well male. ________

C21u. ECG with interpretation in a 50 year old man. ________

C22v. Office phone consultation regarding possible adverse drug reaction in established patient. ________

C23w. Phone consultation from patient at home, 1:30 A.M., regarding new onset of belching, abdominal pain, and nausea in 62 year old man. ________

C24x. One supervisory conference with visiting nurse for antibiotic therapy in established patient with subacute bacterial endocarditis. ________

D. MAGNITUDE ESTIMATION (2): LEVEL OF TECHNICAL SKILL AND PHYSICAL EFFORT

Now we want you to rate the same procedures with respect to the level of technical skill and physical effort, including the manual skill and dexterity they require.

If a follow-up visit of a 55 year old male for management of hypertension, mild fatigue, on beta blocker/thiazide regimen has a rating of 100, what number would you assign the technical skill and physical effort required to do (the/a/an)....... (READ EACH)

NUMBER

D1a. Management of patient in acute pulmonary edema in emergency room, who subsequently is admitted to hospital, established patient. ________

INTERVIEWER CHECK: So this procedure requires about _____ technical skill and physical effort as the standard?

D2b. Office visit, sore throat, fever, and fatigue in 19 year old college student, established patient. ________

INTERVIEWER CHECK: So this procedure requires about _____ technical skill and physical effort as the standard?

D3c. Aspiration of synovial fluid from knee. ________

D4d. Rigid sigmoidoscopy, without biopsy, in office. ________

D5e. Urinalysis with microscopic exam in office lab under your supervision,excluding collection. ________

D6f. Initial office evaluation for diagnosis and management of painless gross hematuria in new patient, without cystoscopy. ________

D7g. Emergency hospital consultation, 72 year old, new patient, with possible bowel obstruction. ________

D8h. Office evaluation for possible purulent bacterial conjunctivitis with 1 to 2 day history of redness and discharge in 16 year old female, established patient. ________

D9i. Office visit with 45 year old male, established patient, with chronic asthma, on chronic steroid and bronchodilator therapy. ________

D10j. Office evaluation of new onset right lower quadrant pain in a 32 year old woman, established patient. ________

D11k. Office visit for detailed evaluation of recent onset syncopal attacks in 70 year old woman, established patient. ________

INTERVIEWER CHECK: So this procedure requires about _____ technical skill and physical effort as the standard?

D12l. Office evaluation of 28 year old patient with regional enteritis, diarrhea, and low grade fever, established patient. ________

D13m. Direct hospital admssion of a 62 year old smoker, established patient, with bronchitis in acute respiratory distress. ________

D14n. Follow-up hospital visit, day 2, patient with non-dominant CVA with mild hemiparesis. ________

D15o. Hospital visit, day 3 post admission, 65 year old male with uncomplicated MI, established patient. ________

D16p. Scheduled monthly nursing home visit to established patient with Organic Brain Syndrome. ________

D17q. Nursing home visit, unscheduled, for evaluation of patient with fever and obtundation that subsequently does not involve hospital admission. ________

D18r. Hospital consultation for diagnosis/management of fever following abdominal surgery. ________

D19s. Initial evaluation and management of recurrent urinary tract infection in female. ________

D20t. Initial office evaluation of a 37 year old generally well male. ________

D21u. ECG with interpretation in a 50 year old man. ________

D22v. Office phone consultation regarding possible adverse drug reaction in established patient. ________

D23w. Phone consultation from patient at home, 1:30 A.M., regarding new onset of belching, abdominal pain, and nausea in 62 year old man. ________

D24x. One supervisory conference with visiting nurse for antibiotic therapy in established patient with subacute bacterial endocarditis. ________

E. MAGNITUDE ESTIMATION: LEVEL OF MENTAL EFFORT (3)

Now we want you to rate the same procedures with respect to the level of mental effort and judgment they require.

If a follow-up visit of a 55 year old male for management of hypertension, mild fatigue, on beta blocker/thiazide regimen has a rating of 100, what number would you assign to the level of mental effort and judgment required to do (the/a/an).... (READ EACH)

NUMBER

E1a. Management of patient in acute pulmonary edema in emergency room, who subsequently is admitted to hospital, established patient. ________

INTERVIEWER CHECK: So this procedure requires about _____ mental effort and judgment as the standard?

E2b. Office visit, sore throat, fever, and fatigue in 19 year old college student, established patient. ________

INTERVIEWER CHECK: So this procedure requires about _____ mental effort and judgment as the standard?

E3c. Aspiration of synovial fluid from knee. ________

E4d. Rigid sigmoidoscopy, without biopsy, in office. ________

E5e. Urinalysis with microscopic exam in office lab under your supervision,excluding collection. ________

E6f. Initial office evaluation for diagnosis and management of painless gross hematuria in new patient, without cystoscopy. ________

E7g. Emergency hospital consultation, 72 year old, new patient, with possible bowel obstruction. ________

E8h. Office evaluation for possible purulent bacterial conjunctivitis with 1 to 2 day history of redness and discharge in 16 year old female, established patient. ________

E9i. Office visit with 45 year old male, established patient, with chronic asthma, on chronic steroid and bronchodilator therapy. ________

E10j. Office evaluation of new onset right lower quadrant pain in a 32 year old woman, established patient. ________

E11k. Office visit for detailed evaluation of recent onset syncopal attacks in 70 year old woman, established patient. ________

INTERVIEWER CHECK: So this procedure requires about _____ mental effort and judgment as the standard?

E12l. Office evaluation of 28 year old patient with regional enteritis, diarrhea, and low grade fever, established patient. ________

E13m. Direct hospital admssion of a 62 year old smoker, established patient, with bronchitis in acute respiratory distress. ________

E14n. Follow-up hospital visit, day 2, patient with non-dominant CVA with mild hemiparesis. ________

E15o. Hospital visit, day 3 post admission, 65 year old male with uncomplicated MI, established patient. ________

E16p. Scheduled monthly nursing home visit to established patient with Organic Brain Syndrome. ________

E17q. Nursing home visit, unscheduled, for evaluation of patient with fever and obtundation that subsequently does not involve hospital admission. ________

E18r. Hospital consultation for diagnosis/management of fever following abdominal surgery. ________

E19s. Initial evaluation and management of recurrent urinary tract infection in female. ________

E20t. Initial office evaluation of a 37 year old generally well male. ________

E21u. ECG with interpretation in a 50 year old man. ________

E22v. Office phone consultation regarding possible adverse drug reaction in established patient. ________

E23w. Phone consultation from patient at home, 1:30 A.M., regarding new onset of belching, abdominal pain, and nausea in 62 year old man. ________

E24x. One supervisory conference with visiting nurse for antibiotic therapy in established patient with subacute bacterial endocarditis. ________

F. MAGNITUDE ESTIMATION: IATROGENIC RISK (4)

Now we want you to rate the same procedures with respect to the risk of iatrogenic harm or complications for the patient. This may include the risk associated with mis-diagnosis. Consider in your rating the stress on a physician due to concern about these risks.

If a follow-up visit of a 55 year old male for management of hypertension, mild fatigue, on beta blocker/thiazide regimen has a rating of 100, what number would you assign to the iatrogenic risk when doing (the/a/an)..... (READ EACH)

NUMBER

F1a. Management of patient in acute pulmonary edema in emergency room, who subsequently is admitted to hospital, established patient. _______

INTERVIEWER CHECK: So this procedure involves about _____ iatrogenic risk as the standard?

F2b. Office visit, sore throat, fever, and fatigue in 19 year old college student, established patient. _______

INTERVIEWER CHECK: So this procedure involves about _____ iatrogenic risk as the standard?

F3c. Aspiration of synovial fluid from knee. _______

F4d. Rigid sigmoidoscopy, without biopsy, in office. _______

F5e. Urinalysis with microscopic exam in office lab under your supervision,excluding collection. _______

F6f. Initial office evaluation for diagnosis and management of painless gross hematuria in new patient, without cystoscopy. _______

F7g. Emergency hospital consultation, 72 year old, new patient, with possible bowel obstruction. _______

F8h. Office evaluation for possible purulent bacterial conjunctivitis with 1 to 2 day history of redness and discharge in 16 year old female, established patient. _______

F9i. Office visit with 45 year old male, established patient, with chronic asthma, on chronic steroid and bronchodilator therapy. ________

F10j. Office evaluation of new onset right lower quadrant pain in a 32 year old woman, established patient. ________

F11k. Office visit for detailed evaluation of recent onset syncopal attacks in 70 year old woman, established patient. ________

INTERVIEWER CHECK: So this procedure involves about _____ iatrogenic risk as the standard?

F12l. Office evaluation of 28 year old patient with regional enteritis, diarrhea, and low grade fever, established patient. ________

F13m. Direct hospital admssion of a 62 year old smoker, established patient, with bronchitis in acute respiratory distress. ________

F14n. Follow-up hospital visit, day 2, patient with non-dominant CVA with mild hemiparesis. ________

F15o. Hospital visit, day 3 post admission, 65 year old male with uncomplicated MI, established patient. ________

F16p. Scheduled monthly nursing home visit to established patient with Organic Brain Syndrome. ________

F17q. Nursing home visit, unscheduled, for evaluation of patient with fever and obtundation that subsequently does not involve hospital admission. ________

F18r. Hospital consultation for diagnosis/management of fever following abdominal surgery. ________

F19s. Initial evaluation and management of recurrent urinary tract infection in female. ________

F20t. Initial office evaluation of a 37 year old generally well male. __________

F21u. ECG with interpretation in a 50 year old man. __________

F22v. Office phone consultation regarding possible adverse drug reaction in established patient. __________

F23w. Phone consultation from patient at home, 1:30 A.M., regarding new onset of belching, abdominal pain, and nausea in 62 year old man. __________

F24x. One supervisory conference with visiting nurse for antibiotic therapy in established patient with subacute bacterial endocarditis. __________

G. MAGNITUDE ESTIMATION: COMPLEXITY (5)

Now we want you to provide a summary rating of the complexity of these same procedures. In making this summary rating, we want you to consider each of the other three components listed - that is technical skill and physical effort, mental effort and judgment, and concern about iatrogenic risk, regardless of the time a procedure or service takes to do.

If a follow-up visit of a 55 year old male for management of hypertension, mild fatigue, on beta blocker/thiazide regimen has a rating of 100, what number would you give the complexity of (the/a/an) (READ EACH)....

G1a. Management of patient in acute pulmonary edema in emergency room, who subsequently is admitted to hospital, established patient. ________

INTERVIEWER CHECK: So this procedure is about _____ as complex as the standard?

G2b. Office visit, sore throat, fever, and fatigue in 19 year old college student, established patient. ________

INTERVIEWER CHECK: So this procedure is about _____ as complex as the standard?

G3c. Aspiration of synovial fluid from knee. ________

G4d. Rigid sigmoidoscopy, without biopsy, in office. ________

G5e. Urinalysis with microscopic exam in office lab under your supervision, excluding collection. ________

G6f. Initial office evaluation for diagnosis and management of painless gross hematuria in new patient, without cystoscopy. ________

G7g. Emergency hospital consultation, 72 year old, new patient, with possible bowel obstruction. ________

G8h. Office evaluation for possible purulent bacterial conjunctivitis with 1 to 2 day history of redness and discharge in 16 year old female, established patient. ________

G9i. Office visit with 45 year old male, established patient, with chronic asthma, on chronic steroid and bronchodilator therapy. ________

G10j. Office evaluation of new onset right lower quadrant pain in a 32 year old woman, established patient. ________

G11k. Office visit for detailed evaluation of recent onset syncopal attacks in 70 year old woman, established patient. ________

INTERVIEWER CHECK: So this procedure is about _____ as complex as the standard?

G12l. Office evaluation of 28 year old patient with regional enteritis, diarrhea, and low grade fever, established patient. ________

G13m. Direct hospital admssion of a 62 year old smoker, established patient, with bronchitis in acute respiratory distress. ________

G14n. Follow-up hospital visit, day 2, patient with non-dominant CVA with mild hemiparesis. ________

G15o. Hospital visit, day 3 post admission, 65 year old male with uncomplicated MI, established patient. ________

G16p. Scheduled monthly nursing home visit to established patient with Organic Brain Syndrome. ________

G17q. Nursing home visit, unscheduled, for evaluation of patient with fever and obtundation that subsequently does not involve hospital admission. ________

G18r. Hospital consultation for diagnosis/management of fever following abdominal surgery. ________

G19s. Initial evaluation and management of recurrent urinary tract infection in female. ________

G20t. Initial office evaluation of a 37 year old generally well male. ________

H. DEMOGRAPHIC DATA

Finally, I'd like to get some background information on you and your medical practice. I would like to remind you that all answers are confidential, and no individuals will be identified in any report.

H1. In your main medical practice, are you the owner of your own practice (full or part owner), are you employed by another physician or group of physicians, or are you an employee of some other kind of organization?

1 [ ] OWNER

2 [ ] EMPLOYED BY OTHER PHYSICIAN OR GROUP

3 [ ] OTHER ORGANIZATION (SKIP TO H3)

H2. Including yourself, how many physicians are associated with your practice for at least 20 hours a week?

______________ PHYSICIANS (SKIP TO H4)

H3. In what kind of organization are you employed in your main medical practice - a hospital, an HMO, or some other kind of organization? (What kind of organization?)

1 [ ] HOSPITAL

2 [ ] HMO

3 [ ] OTHER (SPECIFY) ______________________________

____

____

H4. Do you receive the majority of your compensation for practicing medicine from fee for service, from salary, or from some other arrangement?

1 [ ] FEE FOR SERVICE (SKIP TO H6)

2 [ ] SALARY
(SKIP TO H8)
3 [ ] OTHER

G21u. ECG with interpretation in a 50 year old man. ________

G22v. Office phone consultation regarding possible adverse drug reaction in established patient. ________

G23w. Phone consultation from patient at home, 1:30 A.M., regarding new onset of belching, abdominal pain, and nausea in 62 year old man. ________

G24x. One supervisory conference with visiting nurse for antibiotic therapy in established patient with subacute bacterial endocarditis. ________

H5. (OMITTED)

H6. Do you or your practice have a contract with a preferred provider organization, or PPO?
[PROBE: A preferred provider organization or PPO markets the services of a select panel of health care providers for a discounted charge. The patients pay for services on a previously negotiated predominated fee-for-service basis. Also, patients have an economic incentive to use the panel rather than other health care providers.]
NOTE: A PPO IS NOT AN HMO.

1 ☐ YES

2 ☐ NO

H7. Are you or is your practice a member of an individual practice arrangement or IPA?
[PROBE: Under an IPA plan, a physician's practice would contract with an HMO to treat HMO patients on a fee-for-service basis.]

1 ☐ YES

2 ☐ NO

H8. Does the hospital where you perform most of your hospital work have a resident training program or not?

1 ☐ YES

2 ☐ NO (SKIP TO H11)

3 ☐ INAP, DOES NOT PROVIDE CARE IN ANY HOSPITAL (SKIP TO H12)

H9. Does that hospital have a resident training program in your specialty?

1 ☐ YES

2 ☐ NO

H10. Counting residents in all specialties, would you say that hospital has more or less than 50 residents in training?

1 ☐ MORE THAN 50

2 ☐ LESS THAN 50

H11. How many beds does that hospital have - fewer than 100, 100 to 300, 300 to 500, or over 500?

1 [ ] FEWER THAN 100

2 [ ] 100 TO 300

1 [ ] 300 TO 500

2 [ ] OVER 500

H12. In what year did you graduate from medical school?

____________ YEAR

H13. Are you board certified?

1 [ ] YES

2 [ ] NO (SKIP TO H14)

H13a. In what specialty are you certified?

____

____

H14. Do you or your practice accept assignment from Medicare patients for your services?

1 [ ] YES

2 [ ] NO

H15. Do you or your practice accept patients whose primary medical coverage is your state's Medicaid program?

1 [ ] YES

2 [ ] NO

H16. We need to get a general idea of your income, because that's a variable that may be related to how procedures are rated. We just need your answer in a large range. During 1986, about how much was your own income from your medical practice after expenses but before taxes. Please include fees, salaries, retainers and other forms of compensation.

Was it less than $100,000, 100,000 to $200,000, or over $200,000?

1 ☐ UNDER $100,000

Was it more or less than $70,000?

- ☐ UNDER $70,000
- ☐ OVER $70,000

2 ☐ $100,000 TO $200,000

Was it less than $125,000, $125,000 to $150,000, or over $150,000?

- ☐ LESS THAN $125,000
- ☐ $125,000 TO $150,000
- ☐ OVER $150,000

3 ☐ OVER $200,000

Was it more or less than $250,000?

- ☐ UNDER $250,000
- ☐ OVER $250,000

H17. Last, had you heard about this study before we contacted you about this interview?

1 ☐ YES

2 ☐ NO (THANK R AND CONCLUDE INTERVIEW)

H18. From what source was that?

____

Thank you for your time and help in answering these questions.

TIME NOW: ____________

Appendix I

INTERVIEWER COMMENTS

Appendix I

COVERSHEET NUMBER __________

INTERVIEWER __________________________

INTERVIEWER ID# ______________

FOR OFFICE USE

NATIONAL PHYSICIANS SURVEY

(OBSTETRICS/GYNECOLOGY)

Center for Survey Research
University of Massachusetts-Boston

and

Harvard School of Public Health

February/March, 1987

OB/GYN

Appendix I

Before we start, let me tell you a few things about this survey. The Center for Survey Research at the University of Massachusetts is conducting interviews for the Harvard School of Public Health. The sponsor of the project is the Health Care Financing Administration. We are interested in the complexity and time involved in certain medical procedures and services. You will be asked about procedures which are common in your specialty. Data collected in this study may be used in physician reimbursement policy.

Your answers are completely confidential and will never be used in any way that could link them to you. They will be combined with other answers for statistical analysis.

Do you have any questions before we start?

Appendix I

TIME NOW: ____________

A. PROCEDURE OR SERVICE TIME

First, I'd like you to tell me how many minutes it usually takes you to complete each of the set of procedures. The list was in the packet of information you received in the mail.

AA. Do you have the list in front of you?

1 ☐ YES

2 ☐ NO

* * * * * *

In this section, we only want you to count the time it takes for you to do the procedure itself on the average patient; do not count time you spend either before or after the service described.

On average, how long does it take to do (the/a/an) (READ EACH).....

		MINUTES
A1.	Diagnostic dilatation and curettage for menometrorrhagia in 50 year old.	________
A1a.	Initial office evaluation of secondary amenorrhea in 22 year old new patient, pregnancy excluded.	________
A2b.	Limited prenatal follow-up visit, no unusual complaints; interval history and examination, partial urinalysis, brief counseling.	________
A3c.	Initial visit for pregnancy in 25 year old primigravida, new patient, including history and physical, record preparation, risk assessment, routine prenatal laboratory evaluation, education and counseling, vitamin prescription.	________
A4d.	Extended follow-up prenatal visit at 36-37 weeks with diagnosis and management of ongoing complaints, examination including assessment of cervical change; extensive counseling regarding events requiring prompt physician contact; partial urinalysis.	________
A5e.	Normal uncomplicated labor, multipara, no prenatal risk factors, only time spent with the patient.	________
A6f.	Labor complicated by moderate hypertension, primigravida, only time spent with the patient.	________

A7g. Preterm labor at 32 weeks requiring tocolysis, otherwise healthy patient, only time spent with the patient. ________

A8h. Protracted labor requiring pitocin augmentation and electronic monitoring, primigravida, only time spent with the patient. ________

A9i. Ovarian cystectomy, unilateral, uncomplicated, in 25 year old. ________

A10j. Abdominal hysterectomy for cancer in situ of cervix in 50 year old. ________

A11k. Routine periodic gynecologic examination by primary care physician, established patient, without complaints. ________

A12l. Office evaluation of new onset right lower quadrant pain in 32 year old woman, established patient. ________

A13m. Uncomplicated spontaneous vaginal delivery. ________

A14n. Colposcopy for abnormal cervical cytology, Pap smear, with biopsy of the cervix. ________

A15o. Laparoscopic tubal sterilization by fulguration in 35 year old. ________

A16p. Office visit for postpartum care 6 weeks after an uncomplicated spontaneous vaginal delivery. ________

A17q. Uncomplicated cesarean delivery for cephalopelvic disproportion. ________

A18r. Fetal ultrasound for possibility of fetal abnormality, real time B-scan with image documentation. ________

A19s. Performance of amniocentesis at 16 weeks gestation. ________

A20t. Interpretation of fetal non stress test. ________

A21u. Initial office visit for evaluation and counseling of a 17 year old female with primary genital herpes. ________

A22v. Vaginal hysterectomy, anterior and posterior colporrhaphy. ________

A23w. Elective termination of first trimester pregnancy by uterine evacuation and curettage. ________

A24x. Initial office visit of 34 year old patient with primary infertility, including counseling. ________

A25y. Intracavitary radioelement application in patient with cervical cancer, not including preparation of radioelement or post insertion dosimetry calculations. ________

A26z. Office visit for counseling with a 25 year old primigravida with family history of Downs Syndrome. ________

B. TIME REQUIRED

B1. We also would like an estimate of time you spend with the average patient before and after you provide a service for these procedures.

OMITTED

B3. For example, when you do a limited prenatal follow-up visit, no unusual complaints; interval history and examination, partial urinalysis, brief counseling, how many minutes, on average, are needed beforehand for preparation for seeing the patient, including reviewing records and communicating with other physicians?

__________ MINUTES

B4. For the same patient, how many minutes on average are needed, after you finish seeing the patient for arranging for further lab studies, consultations, x-rays or other tests, reviewing results of studies, and further communications with the patient and other physicians, including written and telephone reports?

__________ MINUTES

B5. When you do an initial office evaluation of secondary amennorhea in 22 year old new patient, pregnancy excluded, how many minutes, on average, are needed beforehand for preparation for seeing the patient, including reviewing records and communicating with other physicians?

__________ MINUTES

B6. For the same patient, how many minutes on average are needed after you finish seeing the patient for arranging for further lab studies, consultations, x-rays or other tests, reviewing results of studies, and further communications with the patient and other physicians, including written and telephone reports?

__________ MINUTES

B. TIME REQUIRED FOR SURGICIAL CARE

Now I want you to estimate the time you normally spend on activities related to surgery (other than the time to do the surgery itself) when the patient is in the hospital.

TIME IN MINUTES

B1. MEDIUM SERVICE OMITTED

B2. Now let's use a diagnostic dilatation and curettage for menometrorrhagia in 50 year old as an example.

On average, how many minutes would you spend on (READ B1a).... (How about (READ B1b)?)

B2a. the hospital admission workup and hospital visits before the operation? ____________

B2b. dressing, scrubbing, and waiting before the operation? ____________

B2c. providing immediate postoperative care, including dictating operative notes, talking with the family and other physicians, writing orders, and checking in on the patient in the recovery room? ____________

B2d. additional post-operative follow-up the day of the surgery? ____________

B2e. On average, how many times do you see the patient after the day of surgery for a diagnostic dilatation and curettage for menometrorrhagia? ____________ (TIMES)

[ ] NONE (SKIP TO B3)

B2f. On each of those times after surgery, how many minutes do you spend, on average, seeing the patient? ____________ (MINUTES)

B3. As a final example, use an abdominal hysterectomy for cancer in situ of cervix in 50 year old.

On average, how many minutes would you spend on (READ B1a).... (How about (READ B1b)?)

B3a. the hospital admission workup and hospital visits before the operation? ______________

B3b. dressing, scrubbing, and waiting before the operation? ______________

B3c. providing immediate postoperative care, including dictating operative notes, talking with the family and other physicians, writing orders, and checking in on the patient in the recovery room? ______________

B3d. additional post-operative follow-up the day of the surgery? ______________

B3e. On average, how many days do you see the patient in the hospital after the day of surgery for an abdominal hysterectomy for cancer? ______________ (DAYS)

[ ] NONE (SKIP TO C)

B3f. On each of those days after surgery, how many minutes do you spend, on average, seeing the patient? ______________ (MINUTES)

C. MAGNITUDE ESTIMATION: WORK (1)

Next let's talk about how much work is involved in various procedures you perform within your specialty. The packet we sent to you discussed the method we would like you to use for comparing the procedures. If you have the packet handy, it would be helpful for you to look at a description of the magnitude estimation method as I review it briefly.

The standard for all the ratings will be a diagnostic dilatation and curettage for menometrorrhagia in 50 year old. Call this 100. Now with the standard as 100, compare it to each of the other procedures as I read them to you. If the procedure or service I mention is twice as difficult, then your answer would be 200. A procedure half as difficult would be 50, five times as difficult would be 500 and so on.

I am going to ask you to compare each of the procedures to the standard on each of the five dimensions listed at the bottom of the Procedures and Services page. The first dimension is an overall rating of the total amount of work, that is the total time and effort the procedure requires. This is an overall rating that includes the time it takes to complete the procedure and the three components that reflect its complexity -- technical skill and physical effort, mental effort and judgement, and concern about iatrogenic risk. After we complete the ratings of total work, we will ask you to individually rate each of the other dimensions listed and to provide a summary rating of each procedure's complexity.

In all cases, we want you to try to respond in terms of the average or typical patient requiring the procedure or service.

Do you have any questions about the way I want you to compare the procedures, or what we mean by work?

O.k. let's start.

If a diagnostic dilatation and curettage for menometrorrhagia in 50 year old has a rating of 100, what number would you assign to the total amount of work involved in (the/a/an) (READ EACH)......

NUMBER

C1a. Initial office evaluation of secondary amenorrhea in 22 year old new patient, pregnancy excluded. ________

INTERVIEWER CHECK: So this procedure requires about _____ total amount of work as the standard?

C2b. Limited prenatal follow-up visit, no unusual complaints; interval history and examination, partial urinalysis, brief counseling. ________

INTERVIEWER CHECK: So this procedure requires about _____ total amount of work as the standard?

C3c. Initial visit for pregnancy in 25 year old primigravida, new patient, including history and physical, record preparation, risk assessment, routine prenatal laboratory evaluation, education and counseling, vitamin prescription. ________

C4d. Extended follow-up prenatal visit at 36-37 weeks with diagnosis and management of ongoing complaints, examination including assessment of cervical change; extensive counseling regarding events requiring prompt physician contact; partial urinalysis. ________

C5e. Normal uncomplicated labor, multipara, no prenatal risk factors, only time spent with the patient. ________

C6f. Labor complicated by moderate hypertension, primigravida, only time spent with the patient. ________

C7g. Preterm labor at 32 weeks requiring tocolysis, otherwise healthy patient, only time spent with the patient. ________

C8h. Protracted labor requiring pitocin augmentation and electronic monitoring, primigravida, only time spent with the patient. ________

C9i. Ovarian cystectomy, unilateral, uncomplicated, in 25 year old. ________

C10j. Abdominal hysterectomy for cancer in situ of cervix in 50 year old. ________

C11k. Routine periodic gynecologic examination by primary care physician, established patient, without complaints. ________

INTERVIEWER CHECK: So this procedure requires about _____ **total amount of work** as the standard?

C12l. Office evaluation of new onset right lower quadrant pain in 32 year old woman, established patient. ________

C13m. Uncomplicated spontaneous vaginal delivery. ________

C14n. Colposcopy for abnormal cervical cytology, Pap smear, with biopsy of the cervix. ________

C15o. Laparoscopic tubal sterilization by fulguration in 35 year old. ________

C16p. Office visit for postpartum care 6 weeks after an uncomplicated spontaneous vaginal delivery. ________

C17q. Uncomplicated cesarean delivery for cephalopelvic disproportion. ________

C18r. Fetal ultrasound for possibility of fetal abnormality, real time B-scan with image documentation. ________

C19s. Performance of amniocentesis at 16 weeks gestation. ________

C20t. Interpretation of fetal non stress test. ________

C21u. Initial office visit for evaluation and counseling of a 17 year old female with primary genital herpes. ________

C22v. Vaginal hysterectomy, anterior and posterior colporrhaphy. ________

C23w. Elective termination of first trimester pregnancy by uterine evacuation and curettage. ________

C24x. Initial office visit of 34 year old patient with primary infertility, including counseling. ________

C25y. Intracavitary radioelement application in patient with cervical cancer, not including preparation of radioelement or post insertion dosimetry calculations. ________

C26z. Office visit for counseling with a 25 year old primigravida with family history of Downs Syndrome. ________

D. MAGNITUDE ESTIMATION (2):
LEVEL OF TECHNICAL SKILL AND PHYSICAL EFFORT

Now we want you to rate the same procedures with respect to the level of technical skill and physical effort, **including the manual skill and** dexterity they require.

If a diagnostic dilatation and curettage for menometrorrhagia in 50 year old has a rating of 100, what number would you assign **the technical skill and physical effort** required to do (the/a/an)....... (READ EACH)

NUMBER

D1a. Initial office evaluation of secondary amenorrhea in 22 year old new patient, pregnancy excluded. ________

INTERVIEWER CHECK: So this procedure requires about _____ technical skill and physical effort as the standard?

D2b. Limited prenatal follow-up visit, no unusual complaints; interval history and examination, partial urinalysis, brief counseling. ________

INTERVIEWER CHECK: So this procedure requires about _____ technical skill and physical effort as the standard?

D3c. Initial visit for pregnancy in 25 year old primigravida, new patient, including history and physical, record preparation, risk assessment, routine prenatal laboratory evaluation, education and counseling, vitamin prescription. ________

D4d. Extended follow-up prenatal visit at 36-37 weeks with diagnosis and management of ongoing complaints, examination including assessment of cervical change; extensive counseling regarding events requiring prompt physician contact; partial urinalysis. ________

D5e. Normal uncomplicated labor, multipara, no prenatal risk factors, only time spent with the patient. ________

D6f. Labor complicated by moderate hypertension, primigravida, only time spent with the patient. ________

D7g. Preterm labor at 32 weeks requiring tocolysis, otherwise healthy patient, only time spent with the patient. ________

D8h. Protracted labor requiring pitocin augmentation and electronic monitoring, primigravida, only time spent with the patient. ________

D9i. Ovarian cystectomy, unilateral, uncomplicated, in 25 year old. ________

D10j. Abdominal hysterectomy for cancer in situ of cervix in 50 year old. ________

D11k. Routine periodic gynecologic examination by primary care physician, established patient, without complaints. ________

INTERVIEWER CHECK: So this procedure requires about _____ technical skill and physical effort as the standard?

D12l. Office evaluation of new onset right lower quadrant pain in 32 year old woman, established patient. ________

D13m. Uncomplicated spontaneous vaginal delivery. ________

D14n. Colposcopy for abnormal cervical cytology, Pap smear, with biopsy of the cervix. ________

D15o. Laparoscopic tubal sterilization by fulguration in 35 year old. ________

D16p. Office visit for postpartum care 6 weeks after an uncomplicated spontaneous vaginal delivery. ________

D17q. Uncomplicated cesarean delivery for cephalopelvic disproportion. ________

D18r. Fetal ultrasound for possibility of fetal abnormality, real time B-scan with image documentation. ________

D19s. Performance of amniocentesis at 16 weeks gestation. ________

D20t. Interpretation of fetal non stress test. ________

D21u. Initial office visit for evaluation and counseling of a 17 year old female with primary genital herpes. ________

D22v. Vaginal hysterectomy, anterior and posterior colporrhaphy. ________

D23w. Elective termination of first trimester pregnancy by uterine evacuation and curettage. ________

D24x. Initial office visit of 34 year old patient with primary infertility, including counseling. ________

D25y. Intracavitary radioelement application in patient with cervical cancer, not including preparation of radioelement or post insertion dosimetry calculations. ________

D26z. Office visit for counseling with a 25 year old primigravida with family history of Downs Syndrome. ________

E. MAGNITUDE ESTIMATION: LEVEL OF MENTAL EFFORT (3)

Now we want you to rate the same procedures with respect to the **level of mental effort and judgment** they require.

If a diagnostic dilatation and curettage for menometrorrhagia in 50 year old has a rating of 100, what number would you assign to the level of mental effort and judgment required to do (the/a/an).... (READ EACH)

NUMBER

E1a. Initial office evaluation of secondary amenorrhea in 22 year old new patient, pregnancy excluded. ________

INTERVIEWER CHECK: So this procedure requires about _____ mental effort and judgment as the standard?

E2b. Limited prenatal follow-up visit, no unusual complaints; interval history and examination, partial urinalysis, brief counseling. ________

INTERVIEWER CHECK: So this procedure requires about _____ mental effort and judgment as the standard?

E3c. Initial visit for pregnancy in 25 year old primigravida, new patient, including history and physical, record preparation, risk assessment, routine prenatal laboratory evaluation, education and counseling, vitamin prescription. ________

E4d. Extended follow-up prenatal visit at 36-37 weeks with diagnosis and management of ongoing complaints, examination including assessment of cervical change; extensive counseling regarding events requiring prompt physician contact; partial urinalysis. ________

E5e. Normal uncomplicated labor, multipara, no prenatal risk factors, only time spent with the patient. ________

E6f. Labor complicated by moderate hypertension, primigravida, only time spent with the patient. ________

E7g. Preterm labor at 32 weeks requiring tocolysis, otherwise healthy patient, only time spent with the patient. ________

E8h. Protracted labor requiring pitocin augmentation and electronic monitoring, primigravida, only time spent with the patient. ________

E9i. Ovarian cystectomy, unilateral, uncomplicated, in 25 year old. ________

E10j. Abdominal hysterectomy for cancer in situ of cervix in 50 year old. ________

E11k. Routine periodic gynecologic examination by primary care physician, established patient, without complaints. ________

INTERVIEWER CHECK: So this procedure requires about _____ mental effort and judgment as the standard?

E12l. Office evaluation of new onset right lower quadrant pain in 32 year old woman, established patient. ________

E13m. Uncomplicated spontaneous vaginal delivery. ________

E14n. Colposcopy for abnormal cervical cytology, Pap smear, with biopsy of the cervix. ________

E15o. Laparoscopic tubal sterilization by fulguration in 35 year old. ________

E16p. Office visit for postpartum care 6 weeks after an uncomplicated spontaneous vaginal delivery. ________

E17q. Uncomplicated cesarean delivery for cephalopelvic disproportion. ________

E18r. Fetal ultrasound for possibility of fetal abnormality, real time B-scan with image documentation. ________

E19s. Performance of amniocentesis at 16 weeks gestation. ________

E20t. Interpretation of fetal non stress test. ________

E21u. Initial office visit for evaluation and counseling of a 17 year old female with primary genital herpes. ________

E22v. Vaginal hysterectomy, anterior and posterior colporrhaphy. ________

E23w. Elective termination of first trimester pregnancy by uterine evacuation and curettage. ________

E24x. Initial office visit of 34 year old patient with primary infertility, including counseling. ________

E25y. Intracavitary radioelement application in patient with cervical cancer, not including preparation of radioelement or post insertion dosimetry calculations. ________

E26z. Office visit for counseling with a 25 year old primigravida with family history of Downs Syndrome. ________

F. MAGNITUDE ESTIMATION: IATROGENIC RISK (4)

Now we want you to rate the same procedures with respect to the risk of **iatrogenic** harm or complications for the patient. This may include the risk associated with mis-diagnosis. Consider in your rating the stress on a physician due to concern about these risks.

If a diagnostic dilatation and curettage for menometrorrhagia in 50 year old has a rating of 100, what number would you assign to the iatrogenic **risk** when doing (the/a/an)..... (READ EACH)

NUMBER

F1a. Initial office evaluation of secondary amenorrhea in 22 year old new patient, pregnancy excluded. ________

INTERVIEWER CHECK: So this procedure involves about _____ iatrogenic risk as the standard?

F2b. Limited prenatal follow-up visit, no unusual complaints; interval history and examination, partial urinalysis, brief counseling. ________

INTERVIEWER CHECK: So this procedure involves about _____ iatrogenic risk as the standard?

F3c. Initial visit for pregnancy in 25 year old primigravida, new patient, including history and physical, record preparation, risk assessment, routine prenatal laboratory evaluation, education and counseling, vitamin prescription. ________

F4d. Extended follow-up prenatal visit at 36-37 weeks with diagnosis and management of ongoing complaints, examination including assessment of cervical change; extensive counseling regarding events requiring prompt physician contact; partial urinalysis. ________

F5e. Normal uncomplicated labor, multipara, no prenatal risk factors, only time spent with the patient. ________

F6f. Labor complicated by moderate hypertension, primigravida, only time spent with the patient. ________

F7g. Preterm labor at 32 weeks requiring tocolysis, otherwise healthy patient, only time spent with the patient. ________

F8h. Protracted labor requiring pitocin augmentation and electronic monitoring, primigravida, only time spent with the patient. ________

F9i. Ovarian cystectomy, unilateral, uncomplicated, in 25 year old. ________

F10j. Abdominal hysterectomy for cancer in situ of cervix in 50 year old. ________

F11k. Routine periodic gynecologic examination by primary care physician, established patient, without complaints. ________

INTERVIEWER CHECK: So this procedure involves about _____ iatrogenic risk as the standard?

F12l. Office evaluation of new onset right lower quadrant pain in 32 year old woman, established patient. ________

F13m. Uncomplicated spontaneous vaginal delivery. ________

F14n. Colposcopy for abnormal cervical cytology, Pap smear, with biopsy of the cervix. ________

F15o. Laparoscopic tubal sterilization by fulguration in 35 year old. ________

F16p. Office visit for postpartum care 6 weeks after an uncomplicated spontaneous vaginal delivery. ________

F17q. Uncomplicated cesarean delivery for cephalopelvic disproportion. ________

F18r. Fetal ultrasound for possibility of fetal abnormality, real time B-scan with image documentation. ________

F19s. Performance of amniocentesis at 16 weeks gestation. ________

F20t. Interpretation of fetal non stress test. ________

F21u. Initial office visit for evaluation and counseling of a 17 year old female with primary genital herpes. ________

F22v. Vaginal hysterectomy, anterior and posterior colporrhaphy. ________

F23w. Elective termination of first trimester pregnancy by uterine evacuation and curettage. ________

F24x. Initial office visit of 34 year old patient with primary infertility, including counseling. ________

F25y. Intracavitary radioelement application in patient with cervical cancer, not including preparation of radioelement or post insertion dosimetry calculations. ________

F26z. Office visit for counseling with a 25 year old primigravida with family history of Downs Syndrome. ________

G. MAGNITUDE ESTIMATION: COMPLEXITY (5)

Now we want you to provide a summary rating of the complexity of these same procedures. In making this summary rating, we want you to consider each of the other three components listed - that is technical skill and physical effort, mental effort and judgment, and concern about iatrogenic risk, regardless of the time a procedure or service takes to do.

If a diagnostic dilatation and curettage for menometrorrhagia in 50 year old has a rating of 100, what number would you give the complexity of (the/a/an) (READ EACH)....

NUMBER

G1a. Initial office evaluation of secondary amenorrhea in 22 year old new patient, pregnancy excluded. ________

INTERVIEWER CHECK: So this procedure is about _____ as complex as the standard?

G2b. Limited prenatal follow-up visit, no unusual complaints; interval history and examination, partial urinalysis, brief counseling. ________

INTERVIEWER CHECK: So this procedure is about _____ as complex as the standard?

G3c. Initial visit for pregnancy in 25 year old primigravida, new patient, including history and physical, record preparation, risk assessment, routine prenatal laboratory evaluation, education and counseling, vitamin prescription. ________

G4d. Extended follow-up prenatal visit at 36-37 weeks with diagnosis and management of ongoing complaints, examination including assessment of cervical change; extensive counseling regarding events requiring prompt physician contact; partial urinalysis. ________

G5e. Normal uncomplicated labor, multipara, no prenatal risk factors, only time spent with the patient. ________

G6f. Labor complicated by moderate hypertension, primigravida, only time spent with the patient. ________

G7g. Preterm labor at 32 weeks requiring tocolysis, otherwise healthy patient, only time spent with the patient. ________

G8h. Protracted labor requiring pitocin augmentation and electronic monitoring, primigravida, only time spent with the patient. ________

G9i. Ovarian cystectomy, unilateral, uncomplicated, in 25 year old. ________

G10j. Abdominal hysterectomy for cancer in situ of cervix in 50 year old. ________

G11k. Routine periodic gynecologic examination by primary care physician, established patient, without complaints. ________

INTERVIEWER CHECK: So this procedure is about _____ as complex as the standard?

G12l. Office evaluation of new onset right lower quadrant pain in 32 year old woman, established patient. ________

G13m. Uncomplicated spontaneous vaginal delivery. ________

G14n. Colposcopy for abnormal cervical cytology, Pap smear, with biopsy of the cervix. ________

G15o. Laparoscopic tubal sterilization by fulguration in 35 year old. ________

G16p. Office visit for postpartum care 6 weeks after an uncomplicated spontaneous vaginal delivery. ________

G17q. Uncomplicated cesarean delivery for cephalopelvic disproportion. ________

G18r. Fetal ultrasound for possibility of fetal abnormality, real time B-scan with image documentation. ________

G19s. Performance of amniocentesis at 16 weeks gestation. ________

G20t. Interpretation of fetal non stress test. ________

G21u. Initial office visit for evaluation and counseling of a 17 year old female with primary genital herpes. ________

G22v. Vaginal hysterectomy, anterior and posterior colporrhaphy. ________

G23w. Elective termination of first trimester pregnancy by uterine evacuation and curettage. ________

G24x. Initial office visit of 34 year old patient with primary infertility, including counseling. ________

G25y. Intracavitary radioelement application in patient with cervical cancer, not including preparation of radioelement or post insertion dosimetry calculations. ________

G26z. Office visit for counseling with a 25 year old primigravida with family history of Downs Syndrome. ________

H. DEMOGRAPHIC DATA

Finally, I'd like to get some background information on you and your medical practice. I would like to remind you that all answers are confidential, and no individuals will be identified in any report.

H1. In your main medical practice, are you the owner of your own practice (full or part owner), are you employed by another physician or group of physicians, or are you an employee of some other kind of organization?

1 ☐ OWNER

2 ☐ EMPLOYED BY OTHER PHYSICIAN OR GROUP

3 ☐ OTHER ORGANIZATION (SKIP TO H3)

H2 Including yourself, how many physicians are associated with your practice for at least 20 hours a week?

______________ PHYSICIANS (SKIP TO H4)

H3. In what kind of organization are you employed in your main medical practice - a hospital, an HMO, or some other kind of organization? (What kind of organization?)

1 ☐ HOSPITAL

2 ☐ HMO

3 ☐ OTHER (SPECIFY) ______________________________

____

____

H4. Do you receive the majority of your compensation for practicing medicine from fee for service, from salary, or from some other arrangement?

1 ☐ FEE FOR SERVICE (SKIP TO H6)

2 ☐ SALARY

(SKIP TO H8)

3 ☐ OTHER

H5. (OMITTED)

H6. Do you or your practice have a contract with a preferred provider organization, or PPO?
[PROBE: A preferred provider organization or PPO markets the services of a select panel of health care providers for a discounted charge. The patients pay for services on a previously negotiated predominated fee-for-service basis. Also, patients have an economic incentive to use the panel rather than other health care providers.]
NOTE: A PPO IS NOT AN HMO.

1 ☐ YES

2 ☐ NO

H7. Are you or is your practice a member of an individual practice arrangement or IPA?
[PROBE: Under an IPA plan, a physician's practice would contract with an HMO to treat HMO patients on a fee-for-service basis.]

1 ☐ YES

2 ☐ NO

H8. Does the hospital where you perform most of your hospital work have a resident training program or not?

1 ☐ YES

2 ☐ NO (SKIP TO H11)

3 ☐ INAP, DOES NOT PROVIDE CARE IN ANY HOSPITAL (SKIP TO H12)

H9. Does that hospital have a resident training program in your specialty?

1 ☐ YES

2 ☐ NO

H10. Counting residents in all specialties, would you say that hospital has more or less than 50 residents in training?

1 ☐ MORE THAN 50

2 ☐ LESS THAN 50

H11. How many beds does that hospital have - fewer than 100, 100 to 300, 300 to 500, or over 500?

1 ☐ FEWER THAN 100

2 ☐ 100 TO 300

1 ☐ 300 TO 500

2 ☐ OVER 500

H12. In what year did you graduate from medical school?

____________ YEAR

H13. Are you board certified?

1 ☐ YES

2 ☐ NO (SKIP TO H14)

H13a. In what specialty are you certified?

____

____

H14. Do you or your practice accept assignment from Medicare patients for your services?

1 ☐ YES

2 ☐ NO

H15. Do you or your practice accept patients whose primary medical coverage is your state's Medicaid program?

1 ☐ YES

2 ☐ NO

H16. We need to get a general idea of your income, because that's a variable that may be related to how procedures are rated. We just need your answer in a large range. During 1986, about how much was your own income from your medical practice after expenses but before taxes. Please include fees, salaries, retainers and other forms of compensation.

Was it less than $100,000, 100,000 to $200,000, or over $200,000?

1 ☐ UNDER $100,000

Was it more or less than $70,000?

☐ UNDER $70,000
☐ OVER $70,000

2 ☐ $100,000 TO $200,000

Was it less than $125,000, $125,000 to $150,000, or over $150,000?

☐ LESS THAN $125,000
☐ $125,000 TO $150,000
☐ OVER $150,000

3 ☐ OVER $200,000

Was it more or less than $250,000?

☐ UNDER $250,000
☐ OVER $250,000

H17. Last, had you heard about this study before we contacted you about this interview?

1 ☐ YES

2 ☐ NO (THANK R AND CONCLUDE INTERVIEW)

H18. From what source was that?

____

Thank you for your time and help in answering these questions.

TIME NOW: __________

Appendix I

INTERVIEWER COMMENTS

Appendix I

COVERSHEET NUMBER ________

INTERVIEWER ____________________

INTERVIEWER ID# __________

FOR OFFICE USE

NATIONAL PHYSICIANS SURVEY

(OPHTHALMOLOGY)

Center for Survey Research
University of Massachusetts-Boston

and

Harvard School of Public Health

February/March, 1987

OPHTH

Appendix I

Before we start, let me tell you a few things about this survey. The Center for Survey Research at the University of Massachusetts is conducting interviews for the Harvard School of Public Health. The sponsor of the project is the Health Care Financing Administration. We are interested in the complexity and time involved in certain medical procedures and services. You will be asked about procedures which are common in your specialty. Data collected in this study may be used in physician reimbursement policy.

Your answers are completely confidential and will never be used in any way that could link them to you. They will be combined with other answers for statistical analysis.

Do you have any questions before we start?

Appendix I

TIME NOW: ____________

A. PROCEDURE OR SERVICE TIME

First, I'd like you to tell me how many minutes it usually takes you to complete each of the set of procedures. The list was in the packet of information you received in the mail.

AA. Do you have the list in front of you?

1 [ ] YES

2 [ ] NO

* * * * * *

In this section, we only want you to count the time it takes for you to do the procedure itself on the average patient; do not count time you spend either before or after the service described.

On average, how long does it take to do (the/a/an) (READ EACH).....

		MINUTES
A1.	Single chalazion procedure, excision, left upper lid.	________
A1a.	Penetrating keratoplasty, cataract extraction and intraocular lens implantation, combined procedure.	________
A2b.	Follow-up exam, established patient, including visual acuity, slit lamp, tonometry, brief fundus exam.	________
A3c.	Comprehensive eye exam, adult patient with no specific complaints, including history taking, vision test with Snellen Chart, refraction, motility testing, external exam, tonometry, slit lamp exam, fundus exam, confrontation fields.	________
A4d.	Consultation/extensive evaluation for a complex ophthalmic problem, including all services listed in comprehensive eye exam, plus the following: dilated fundus exam, gonioscopy, visual fields testing.	________
A5e.	Secondary lens implant, without vitrectomy.	________
A6f.	Interpretation of formal visual fields testing for neurological purposes in adult patient.	________
A7g.	IOL calculation, biometry/keratometry, A-mode.	________
A8h.	Diagnostic ultrasonography of eye ball with interpretation, B-Mode, for possible retinal detachment.	________

A9i. Lid surgery, two-lid blepharoplasty, both upper lids. ________

A10j. Extracapsular cataract extraction with intraocular lens, IOL. ________

A11k. Commitant strabismus surgery, primary, 2 muscles total, one or both eyes, in a child. ________

A12l. Glaucoma filtering procedure, primary, trabeculotomy. ________

A13m. Scleral buckle, without vitrectomy, primary. ________

A14n. Panretinal photocoagulation, total treatment, one eye, single or divided sessions. ________

A15o. Contact lens evaluation and fitting, including all services in comprehensive eye exam, plus: keratometry, Schirmer's test, trial lens fitting, and overrefraction. ________

A16p. Interpretation of fundus photography. ________

A17q. Fluorescein angiography for diabetic retinopathy, injection of dye and interpretation, one eye. ________

A18r. Endothelial cell count pre-operative for cataract surgery. ________

A19s. Office evaluation for possible purulent bacterial conjunctivitis with 1-2 day history of redness and discharge in 16 year old female, established patient. ________

A20t. Refractive surgery, radial keratotomy. ________

A21u. Excision of 0.5 cm basal cell carcinoma on the outer 1/3 of the lower eyelid. ________

B. TIME REQUIRED FOR SURGICAL CARE

Now I want you to estimate the time you normally spend on activities related to surgery (other than the time to do the surgery itself) when the patient is in the hospital.

TIME IN MINUTES

B1. Let's use a secondary lens implant, without vitrectomy as an example.

On average, how many minutes would you spend on (READ B1a).... (How about (READ B1b)?)

B1a. the pre-procedure work-up and patient visits before the operation? ______________

B1b. dressing, scrubbing, and waiting before the operation? ______________

B1c. providing immediate postoperative care, including dictating operative notes, talking with the family and other physicians, writing orders, and checking in on the patient in the recovery room? ______________

B1d. additional post-operative follow-up the day of the surgery? ______________

B1e. On average, how many times do you see the patient after the day of surgery for a secondary lens implant, without vitrectomy? ______________ (TIMES)

☐ NONE (SKIP TO B2)

B1f. On each of those times after surgery, how many minutes do you spend, on average, seeing the patient? ______________ (TIMES)

B2. Now let's use a a single chalazion procedure, excision, left upper lid as an example.

On average, how many minutes would you spend on (READ B1a).... (How about (READ B1b)?)

B2a. the pre-procedure work-up and patient visits before the operation? ______________ (MINUTES)

B2b. dressing, scrubbing, and waiting before the operation? ______________

B2c. providing immediate postoperative care, including dictating operative notes, talking with the family and other physicians, writing orders, and checking in on the patient in the recovery room? ______________

B2d. additional post-operative follow-up the day of the surgery? ______________

B2e. On average, how many times do you see the patient after the day of surgery for a single chalazion excision? ______________ (TIMES)

[ ] NONE (SKIP TO B3)

B2f. On each of those times after surgery, how many minutes do you spend, on average, seeing the patient? ______________ (MINUTES)

B3. As a final example, use an extracapsular cataract extraction with IOL.

On average, how many minutes would you spend on (READ B1a).... (How about (READ B1b)?)

B3a. the pre-procedure work-up and patient visits before the operation? ____________

B3b. dressing, scrubbing, and waiting before the operation? ____________

B3c. providing immediate postoperative care, including dictating operative notes, talking with the family and other physicians, writing orders, and checking in on the patient in the recovery room? ____________

B3d. additional post-operative follow-up the day of the surgery? ____________

B3e. On average, how many times do you see the patient after the day of surgery for an extracapsular cataract extraction with IOL? ____________ (TIMES)

[ ] NONE (SKIP TO C)

B3f. On each of those times after surgery, how many minutes do you spend, on average, seeing the patient? ____________ (TIMES)

C. MAGNITUDE ESTIMATION: WORK (1)

Next let's talk about how much work is involved in various procedures you perform within your specialty. The packet we sent to you discussed the method we would like you to use for comparing the procedures. If you have the packet handy, it would be helpful for you to look at a description of the magnitude estimation method as I review it briefly.

The standard for all the ratings will be a single chalazion procedure, excision, left upper lid. Call this 100. Now with the standard as 100, compare it to each of the other procedures as I read them to you. If the procedure or service I mention is twice as difficult, then your answer would be 200. A procedure half as difficult would be 50, five times as difficult would be 500 and so on.

I am going to ask you to compare each of the procedures to the standard on each of the five dimensions listed at the bottom of the Procedures and Services page. The first dimension is an overall rating of the total amount of work, that is the total time and effort the procedure requires. This is an overall rating that includes the time it takes to complete the procedure and the three components that reflect its complexity -- technical skill and physical effort, mental effort and judgement, and concern about iatrogenic risk. After we complete the ratings of total work, we will ask you to individually rate each of the other dimensions listed and to provide a summary rating of each procedure's complexity.

In all cases, we want you to try to respond in terms of the average or typical patient requiring the procedure or service.

Do you have any questions about the way I want you to compare the procedures, or what we mean by work?

O.k. let's start.

If a single chalazion procedure, excision, left upper lid has a rating of 100, what number would you assign to the total amount of work involved in (the/a/an) (READ EACH)......

NUMBER

C1a. Penetrating keratoplasty, cataract extraction and intraocular lens implantation, combined procedure. ________

INTERVIEWER CHECK: So this procedure requires about _____ total amount of work as the standard?

C2b. Follow-up exam, established patient, including visual acuity, slit lamp, tonometry, brief fundus exam. ________

INTERVIEWER CHECK: So this procedure requires about _____ total amount of work as the standard?

C3c. Comprehensive eye exam, adult patient with no specific complaints, including history taking, vision test with Snellen Chart, refraction, motility testing, external exam, tonometry, slit lamp exam, fundus exam, confrontation fields. ________

C4d. Consultation/extensive evaluation for a complex ophthalmic problem, including all services listed in comprehensive eye exam, plus the following: dilated fundus exam, gonioscopy, visual fields testing. ________

C5e. Secondary lens implant, without vitrectomy. ________

C6f. Interpretation of formal visual fields testing for neurological purposes in adult patient. ________

C7g. IOL calculation, biometry/keratometry, A-mode. ________

C8h. Diagnostic ultrasonography of eye ball with interpretation, B-Mode, for possible retinal detachment. ________

C9i. Lid surgery, two-lid blepharoplasty, both upper lids. ________

C10j. Extracapsular cataract extraction with intraocular lens, IOL. ________

C11k. Commitant strabismus surgery, primary, 2 muscles total, one or both eyes, in a child. ________

INTERVIEWER CHECK: So this procedure requires about _____ total amount of work as the standard?

C12l. Glaucoma filtering procedure, primary, trabeculotomy. ________

C13m. Scleral buckle, without vitrectomy, primary. ________

C14n. Panretinal photocoagulation, total treatment, one eye, single or divided sessions. ________

C15o. Contact lens evaluation and fitting, including all services in comprehensive eye exam, plus: keratometry, Schirmer's test, trial lens fitting, and overrefraction. ________

C16p. *Interpretation of fundus photography*. ________

C17q. *Fluorescein angiography for diabetic retinopathy*, *injection of dye and interpretation*, one eye. ________

C18r. *Endothelial cell count* pre-operative for cataract surgery. ________

C19s. *Office evaluation for* possible purulent bacterial *conjunctivitis* with 1-2 day history of redness and discharge in 16 year old female, established patient. ________

C20t. *Refractive surgery, radial keratotomy*. ________

C21u. *Excision of* 0.5 cm *basal cell carcinoma* on the outer 1/3 of the lower eyelid. ________

D. MAGNITUDE ESTIMATION (2): LEVEL OF TECHNICAL SKILL AND PHYSICAL EFFORT

Now we want you to rate the same procedures with respect to the level of technical skill and physical effort, including the manual skill and dexterity they require.

If a single chalazion procedure, excision, left upper lid has a rating of 100, what number would you assign the technical skill and physical effort required to do (the/a/an)....... (READ EACH)

NUMBER

D1a. Penetrating keratoplasty, cataract extraction and intraocular lens implantation, combined procedure. ______

INTERVIEWER CHECK: So this procedure requires about ______ technical skill and physical effort as the standard?

D2b. Follow-up exam, established patient, including visual acuity, slit lamp, tonometry, brief fundus exam. ______

INTERVIEWER CHECK: So this procedure requires about ______ technical skill and physical effort as the standard?

D3c. Comprehensive eye exam, adult patient with no specific complaints, including history taking, vision test with Snellen Chart, refraction, motility testing, external exam, tonometry, slit lamp exam, fundus exam, confrontation fields. ______

D4d. Consultation/extensive evaluation for a complex ophthalmic problem, including all services listed in comprehensive eye exam, plus the following: dilated fundus exam, gonioscopy, visual fields testing. ______

D5e. Secondary lens implant, without vitrectomy. ______

D6f. Interpretation of formal visual fields testing for neurological purposes in adult patient. ______

D7g. IOL calculation, biometry/keratometry, A-mode. ______

D8h. Diagnostic ultrasonography of eye ball with interpretation, B-Mode, for possible retinal detachment. ________

D9i. Lid surgery, two-lid blepharoplasty, both upper lids. ________

D10j. Extracapsular cataract extraction with intraocular lens, IOL. ________

D11k. Commitant strabismus surgery, primary, 2 muscles total, one or both eyes, in a child. ________

INTERVIEWER CHECK: So this procedure requires about _____ technical skill and physical effort as the standard?

D12l. Glaucoma filtering procedure, primary, trabeculotomy. ________

D13m. Scleral buckle, without vitrectomy, primary. ________

D14n. Panretinal photocoagulation, total treatment, one eye, single or divided sessions. ________

D15o. Contact lens evaluation and fitting, including all services in comprehensive eye exam, plus: keratometry, Schirmer's test, trial lens fitting, and overrefraction. ________

D16p. Interpretation of fundus photography. ________

D17q. Fluorescein angiography for diabetic retinopathy, injection of dye and interpretation, one eye. ________

D18r. Endothelial cell count pre-operative for cataract surgery. ________

D19s. Office evaluation for possible purulent bacterial conjunctivitis with 1-2 day history of redness and discharge in 16 year old female, established patient. ________

D20t. Refractive surgery, radial keratotomy. ________

D21u. Excision of 0.5 cm basal cell carcinoma on the outer 1/3 of the lower eyelid. ________

E. MAGNITUDE ESTIMATION: LEVEL OF MENTAL EFFORT (3)

Now we want you to rate the same procedures with respect to level of mental effort and judgment they require.

If a single chalazion procedure, excision, left upper lid has a rating of 100, what number would you assign to the level of mental effort and judgment required to do (the/a/an)...... (READ EACH)

NUMBER

E1a. Penetrating keratoplasty, cataract extraction and intraocular lens implantation, combined procedure. ________

INTERVIEWER CHECK: So this procedure requires about _____ mental effort and judgment as the standard?

E2b. Follow-up exam, established patient, including visual acuity, slit lamp, tonometry, brief fundus exam. ________

INTERVIEWER CHECK: So this procedure requires about _____ mental effort and judgment as the standard?

E3c. Comprehensive eye exam, adult patient with no specific complaints, including history taking, vision test with Snellen Chart, refraction, motility testing, external exam, tonometry, slit lamp exam, fundus exam, confrontation fields. ________

E4d. Consultation/extensive evaluation for a complex ophthalmic problem, including all services listed in comprehensive eye exam, plus the following: dilated fundus exam, gonioscopy, visual fields testing. ________

E5e. Secondary lens implant, without vitrectomy. ________

E6f. Interpretation of formal visual fields testing for neurological purposes in adult patient. ________

E7g. IOL calculation, biometry/keratometry, A-mode. ________

E8h. Diagnostic ultrasonography of eye ball with interpretation, B-Mode, for possible retinal detachment. ________

E9i. Lid surgery, two-lid blepharoplasty, both upper lids. ________

E10j. Extracapsular cataract extraction with intraocular lens, IOL. ________

E11k. Commitant strabismus surgery, primary, 2 muscles total, one or both eyes, in a child. ________

INTERVIEWER CHECK: So this procedure requires about _____ mental effort and judgment as the standard?

E12l. Glaucoma filtering procedure, primary, trabeculotomy. ________

E13m. Scleral buckle, without vitrectomy, primary. ________

E14n. Panretinal photocoagulation, total treatment, one eye, single or divided sessions. ________

E15o. Contact lens evaluation and fitting, including all services in comprehensive eye exam, plus: keratometry, Schirmer's test, trial lens fitting, and overrefraction. ________

E16p. Interpretation of fundus photography. ________

E17q. Fluorescein angiography for diabetic retinopathy, injection of dye and interpretation, one eye. ________

E18r. Endothelial cell count pre-operative for cataract surgery. ________

E19s. Office evaluation for possible purulent bacterial conjunctivitis with 1-2 day history of redness and discharge in 16 year old female, established patient. ________

E20t. Refractive surgery, radial keratotomy. ________

E21u. Excision of 0.5 cm basal cell carcinoma on the outer 1/3 of the lower eyelid. ________

F. MAGNITUDE ESTIMATION: IATROGENIC RISK (4)

Now we want you to rate the same procedures with respect to the risk of iatrogenic harm or complications for the patient. This may include the risk associated with mis-diagnosis. Consider in your rating the stress on a physician due to concern about these risks.

If a single chalazion procedure, excision, left upper lid has a rating of 100, what number would you assign to the iatrogenic risk when doing (the/a/an)..... (READ EACH)

NUMBER

F1a. Penetrating keratoplasty, cataract extraction and intraocular lens implantation, combined procedure. ______

INTERVIEWER CHECK: So this procedure involves about _____ iatrogenic risk as the standard?

F2b. Follow-up exam, established patient, including visual acuity, slit lamp, tonometry, brief fundus exam. ______

INTERVIEWER CHECK: So this procedure involves about _____ iatrogenic risk as the standard?

F3c. Comprehensive eye exam, adult patient with no specific complaints, including history taking, vision test with Snellen Chart, refraction, motility testing, external exam, tonometry, slit lamp exam, fundus exam, confrontation fields. ______

F4d. Consultation/extensive evaluation for a complex ophthalmic problem, including all services listed in comprehensive eye exam, plus the following: dilated fundus exam, gonioscopy, visual fields testing. ______

F5e. Secondary lens implant, without vitrectomy. ______

F6f. Interpretation of formal visual fields testing for neurological purposes in adult patient. ______

F7g. IOL calculation, biometry/keratometry, A-mode. ______

F8h. Diagnostic ultrasonography of eye ball with interpretation, B-Mode, for possible retinal detachment. ________

F9i. Lid surgery, two-lid blepharoplasty, both upper lids. ________

F10j. Extracapsular cataract extraction with intraocular lens, IOL. ________

F11k. Commitant strabismus surgery, primary, 2 muscles total, one or both eyes, in a child. ________

INTERVIEWER CHECK: So this procedure involves about _____ iatrogenic risk as the standard?

F12l. Glaucoma filtering procedure, primary, trabeculotomy. ________

F13m. Scleral buckle, without vitrectomy, primary. ________

F14n. Panretinal photocoagulation, total treatment, one eye, single or divided sessions. ________

F15o. Contact lens evaluation and fitting, including all services in comprehensive eye exam, plus: keratometry, Schirmer's test, trial lens fitting, and overrefraction. ________

F16p. Interpretation of fundus photography. ________

F17q. Fluorescein angiography for diabetic retinopathy, injection of dye and interpretation, one eye. ________

F18r. Endothelial cell count pre-operative for cataract surgery. ________

F19s. Office evaluation for possible purulent bacterial conjunctivitis with 1-2 day history of redness and discharge in 16 year old female, established patient. ________

F20t. Refractive surgery, radial keratotomy. ________

F21u. Excision of 0.5 cm basal cell carcinoma on the outer 1/3 of the lower eyelid. ________

G. MAGNITUDE ESTIMATION: COMPLEXITY (5)

Now we want you to provide a summary rating of the complexity of these same procedures. In making this summary rating, we want you to consider each of the other three components listed - that is technical skill and physical effort, mental effort and judgment, and concern about iatrogenic risk, regardless of the time a procedure or service takes to do.

Ifa single chalazion procedure, excision, left upper lid has a rating of 100, what number would you give the complexity of (the/a/an) (READ EACH)....

NUMBER

G1a. Penetrating keratoplasty, cataract extraction and intraocular lens implantation, combined procedure. ________

INTERVIEWER CHECK: So this procedure is about _____ as complex as the standard?

G2b. Follow-up exam, established patient, including visual acuity, slit lamp, tonometry, brief fundus exam. ________

INTERVIEWER CHECK: So this procedure is about _____ as complex as the standard?

G3c. Comprehensive eye exam, adult patient with no specific complaints, including history taking, vision test with Snellen Chart, refraction, motility testing, external exam, tonometry, slit lamp exam, fundus exam, confrontation fields. ________

G4d. Consultation/extensive evaluation for a complex ophthalmic problem, including all services listed in comprehensive eye exam, plus the following: dilated fundus exam, gonioscopy, visual fields testing. ________

G5e. Secondary lens implant, without vitrectomy. ________

G6f. Interpretation of formal visual fields testing for neurological purposes in adult patient. ________

G7g. IOL calculation, biometry/keratometry, A-mode. ________

G8h. Diagnostic ultrasonography of eye ball with interpretation, B-Mode, for possible retinal detachment. ________

G9i. Lid surgery, two-lid blepharoplasty, both upper lids. ________

G10j. Extracapsular cataract extraction with intraocular lens, IOL. ________

G11k. Commitant strabismus surgery, primary, 2 muscles total, one or both eyes, in a child. ________

INTERVIEWER CHECK: So this procedure is about _____ as complex as the standard?

G12l. Glaucoma filtering procedure, primary, trabeculotomy. ________

G13m. Scleral buckle, without vitrectomy, primary. ________

G14n. Panretinal photocoagulation, total treatment, one eye, single or divided sessions. ________

G15o. Contact lens evaluation and fitting, including all services in comprehensive eye exam, plus: keratometry, Schirmer's test, trial lens fitting, and overrefraction. ________

G16p. Interpretation of fundus photography. ________

G17q. Fluorescein angiography for diabetic retinopathy, injection of dye and interpretation, one eye. ________

G18r. Endothelial cell count pre-operative for cataract surgery. ________

G19s. Office evaluation for possible purulent bacterial conjunctivitis with 1-2 day history of redness and discharge in 16 year old female, established patient. ________

G20t. Refractive surgery, radial keratotomy. ________

G21u. Excision of 0.5 cm basal cell carcinoma on the outer 1/3 of the lower eyelid. ________

H. DEMOGRAPHIC DATA

Finally, I'd like to get some background information on you and your medical practice. I would like to remind you that all answers are confidential, and no individuals will be identified in any report.

H1. In your main medical practice, are you the owner of your own practice (full or part owner), are you employed by another physician or group of physicians, or are you an employee of some other kind of organization?

1 ☐ OWNER

2 ☐ EMPLOYED BY OTHER PHYSICIAN OR GROUP

3 ☐ OTHER ORGANIZATION (SKIP TO H3)

H2. Including yourself, how many physicians are associated with your practice for at least 20 hours a week?

______________ PHYSICIANS (SKIP TO H4)

H3. In what kind of organization are you employed in your main medical practice - a hospital, an HMO, or some other kind of organization? (What kind of organization?)

1 ☐ HOSPITAL

2 ☐ HMO

3 ☐ OTHER (SPECIFY) ______________________________

____

____

H4. Do you receive the majority of your compensation for practicing medicine from fee for service, from salary, or from some other arrangement?

1 ☐ FEE FOR SERVICE (SKIP TO H6)

2 ☐ SALARY

(SKIP TO H8)

3 ☐ OTHER

H5. (OMITTED)

H6. Do you or your practice have a contract with a preferred provider organization, or PPO?
[PROBE: A preferred provider organization or PPO markets the services of a select panel of health care providers for a discounted charge. The patients pay for services on a previously negotiated predominated fee-for-service basis. Also, patients have an economic incentive to use the panel rather than other health care providers.]
NOTE: A PPO IS NOT AN HMO.

1 ☐ YES

2 ☐ NO

H7. Are you or is your practice a member of an individual practice arrangement or IPA?
[PROBE: Under an IPA plan, a physician's practice would contract with an HMO to treat HMO patients on a fee-for-service basis.]

1 ☐ YES

2 ☐ NO

H8. Does the hospital where you perform most of your hospital work have a resident training program or not?

1 ☐ YES

2 ☐ NO (SKIP TO H11)

3 ☐ INAP, DOES NOT PROVIDE CARE IN ANY HOSPITAL (SKIP TO H12)

H9. Does that hospital have a resident training program in your specialty?

1 ☐ YES

2 ☐ NO

H10. Counting residents in all specialties, would you say that hospital has more or less than 50 residents in training?

1 ☐ MORE THAN 50

2 ☐ LESS THAN 50

H11. How many beds does that hospital have - fewer than 100, 100 to 300, 300 to 500, or over 500?

1 [ ] FEWER THAN 100

2 [ ] 100 TO 300

1 [ ] 300 TO 500

2 [ ] OVER 500

H12. In what year did you graduate from medical school?

____________ YEAR

H13. Are you board certified?

1 [ ] YES

2 [ ] NO (SKIP TO H14)

H13a. In what specialty are you certified?

____

____

H14. Do you or your practice accept assignment from Medicare patients for your services?

1 [ ] YES

2 [ ] NO

H15. Do you or your practice accept patients whose primary medical coverage is your state's Medicaid program?

1 [ ] YES

2 [ ] NO

H16. We need to get a general idea of your income, because that's a variable that may be related to how procedures are rated. We just need your answer in a large range. During 1986, about how much was your own income from your medical practice after expenses but before taxes. Please include fees, salaries, retainers and other forms of compensation.

Was it less than $100,000, 100,000 to $200,000, or over $200,000?

1 ☐ UNDER $100,000

Was it more or less than $70,000?

☐ UNDER $70,000
☐ OVER $70,000

2 ☐ $100,000 TO $200,000

Was it less than $125,000, $125,000 to $150,000, or over $150,000?

☐ LESS THAN $125,000
☐ $125,000 TO $150,000
☐ OVER $150,000

3 ☐ OVER $200,000

Was it more or less than $250,000?

☐ UNDER $250,000
☐ OVER $250,000

H17. Last, had you heard about this study before we contacted you about this interview?

1 ☐ YES

2 ☐ NO (THANK R AND CONCLUDE INTERVIEW)

H18. From what source was that?

____

Thank you for your time and help in answering these questions.

TIME NOW: ____________

INTERVIEWER COMMENTS

Appendix I

COVERSHEET NUMBER __________

INTERVIEWER ________________________

INTERVIEWER ID# ____________

FOR OFFICE USE

NATIONAL PHYSICIANS SURVEY

(ORAL AND MAXILLOFACIAL SURGERY)

Center for Survey Research
University of Massachusetts-Boston

and

Harvard School of Public Health

February/March, 1987

ORAL

Appendix I

Before we start, let me tell you a few things about this survey. The Center for Survey Research at the University of Massachusetts is conducting interviews for the Harvard School of Public Health. The sponsor of the project is the Health Care Financing Administration. We are interested in the complexity and time involved in certain medical procedures and services. You will be asked about procedures which are common in your specialty. Data collected in this study may be used in physician reimbursement policy.

Your answers are completely confidential and will never be used in any way that could link them to you. They will be combined with other answers for statistical analysis.

Do you have any questions before we start?

Appendix I

TIME NOW: ____________

A. PROCEDURE OR SERVICE TIME

First, I'd like you to tell me how many minutes it usually takes you to complete each of the set of procedures. The list was in the packet of information you received in the mail.

AA. Do you have the list in front of you?

1 [ ] YES

2 [ ] NO

* * * * * *

In this section, we only want you to count the time it takes for you to do the procedure itself on the average patient; do not count time you spend either before or after the service described.

On average, how long does it take to do (the/a/an) (READ EACH).....

Before we start let me clarify that the standard refers to a bony impaction and not a soft tissue impaction. On average . . . .

MINUTES

A1. Exposure of single impacted cuspid in office for 14 year old child to facilitate future orthodontic treatment, no traction device required. __________

A1a. LeFort one maxillary and sagittal split mandibular osteotomies for correction of developmental deformity in 28 year old female. __________

A2b. Office visit to advise for or against removal of wisdom teeth, 18 year old male referred by orthodontist. __________

A3c. Removal of 4 impacted, full bony, wisdom teeth, single office procedure, 21 year old male college student. __________

A4d. Removal of 4 impacted, full bony, wisdom teeth, single hospital procedure, 21 year old male college student. __________

A5e. General anesthesia for 14 year old child for exposure of single impacted cuspid, office setting. __________

A6f. General anesthesia for extraction of abscessed tooth in a healthy 40 year old male. __________

A7g. Extraction of 10 erupted mandibular teeth, 60 year old male on Persantine and aspirin, 6 years post MI. __________

A8h. Extraction of abscessed tooth in a healthy 40 year old male. __________

A9i. Bilateral sagittal osteotomy, mandibular ramus in 20 year old female for developmental deformity. __________

A10j. Excision of .5 centimeter benign lesion of the lip in a 60 year old female. __________

A11k. Comprehensive evaluation of 28 year old female with 2 year history of facial/TMJ pain and joint clicking. __________

A12l. Office visit for 45 year old female smoker with small oral ulcer on the lateral border of tongue. __________

A13m. General anesthesia in office for extraction of 4 wisdom teeth in healthy 18 year old male, surgery performed by other than yourself. __________

A14n. General anesthesia for extraction of fractured tooth in 4 year old child. __________

A15o. Unilateral Caldwell-Luc procedure for maxillary sinus disease, with antral polyp removal. __________

A16p. Closed reduction of mandibular fracture by manipulation and intermaxillary fixation, 24 year old male. __________

A17q. Open surgical treatment of complex mandibular fracture including internal fixation, interdental fixation, and/or wiring of dentures or splints; 32 year old female. __________

A18r. Interpretation of panoramic x-rays for recommendation regarding removal of impacted wisdom teeth, 18 year old male referred by orthodontist. __________

A19s. Performance and interpretation of bilateral x-rays of TMJ, open and closed mouth, 31 year old female. __________

A20t. Open treatment of multiple fractures of zygomatic arch and malar tripod, with internal skeletal and multiple surgical approaches. __________

A21u. Unilateral arthroscopy of TMJ. __________

A22v. Placement of 4 maxillary endosseous implants. __________

A23w. Unilateral meniscoplasty, temporomandibular joint. __________

B. TIME REQUIRED FOR SURGICAL CARE

Now I want you to estimate the time you normally spend on activities related to surgery (other than the time to do the surgery itself).

TIME IN MINUTES

B1. Let's use an extraction of 10 erupted mandibular teeth, 60 year old male on Persantine and aspirin, 6 years post MI as an example.

On average, how many minutes would you spend on (READ B1a).... (How about (READ B1b)?)

B1a. the pre-procedure workup before the operation? ____________

B1b. dressing, scrubbing, and waiting before the operation? ____________

B1c. providing immediate postoperative care, including dictating operative notes, talking with the family and other physicians, writing orders, and checking in on the patient in the recovery room? ____________

B1d. additional post-operative follow-up the day of the surgery? ____________

B1e. On average, how many times do you see the patient after the day of surgery for an extraction of 10 erupted mandibular teeth ____________ (TIMES)

[ ] NONE (SKIP TO B2)

B1f. On each of those times after surgery, how many minutes do you spend, on average, seeing the patient? ____________ (MINUTES)

B2. Now let's use an excision of .5 centimeter benign lesion of the lip in a 60 year old female as an example.

On average, how many minutes would you spend on (READ B1a).... (How about (READ B1b)?)

B2a. the pre-procedure workup before the operation? ____________

B2b. dressing, scrubbing, and waiting before the operation? ____________

B2c. providing immediate postoperative care, including dictating operative notes, talking with the family and other physicians, writing orders, and checking in on the patient in the recovery room? ____________

B2d. additional post-operative follow-up the day of the surgery? ____________

B2e. On average, how many times do you see the patient after the day of surgery for an excision of .5 centimeter benign lesion of the lip? ____________ (TIMES)

[ ] NONE (SKIP TO B3)

B2f. On each of those times after surgery, how many minutes do you spend, on average, seeing the patient? ____________ (MINUTES)

B3. As a final example, use a Unilateral Caldwell-Luc procedure for maxillary sinus disease, with antral polyp removal.

On average, how many minutes would you spend on (READ B1a).... (How about (READ B1b)?)

B3a. the hospital admission workup and hospital visits before the operation? ____________

B3b. dressing, scrubbing, and waiting before the operation? ____________

B3c. providing immediate postoperative care, including dictating operative notes, talking with the family and other physicians, writing orders, and checking in on the patient in the recovery room? ____________

B3d. additional post-operative follow-up the day of the surgery? ____________

B3e. On average, how many days do you see the patient in the hospital after the day of surgery for Unilateral Caldwell-Luc procedure for maxillary sinus disease, with antral polyp removal? ____________ (DAYS)

[ ] NONE (SKIP TO C)

B3f. On each of those days after surgery, how many minutes do you spend, on average, seeing the patient? ____________ (MINUTES)

C. MAGNITUDE ESTIMATION: WORK (1)

Next let's talk about how much work is involved in various procedures you perform within your specialty. The packet we sent to you discussed the method we would like you to use for comparing the procedures. If you have the packet handy, it would be helpful for you to look at a description of the magnitude estimation method as I review it briefly.

The standard for all the ratings will be exposure of single impacted cuspid in office for 14 year old child to facilitate future orthodontic treatment, no traction device required. Call this 100. Now with the standard as 100, compare it to each of the other procedures as I read them to you. If the procedure or service I mention is twice as difficult, then your answer would be 200. A procedure half as difficult would be 50, five times as difficult would be 500 and so on.

I am going to ask you to compare each of the procedures to the standard on each of the five dimensions listed at the bottom of the Procedures and Services page. The first dimension is an overall rating of the total amount of work, that is the total time and effort the procedure requires. This is an overall rating that includes the time it takes to complete the procedure and the three components that reflect its complexity -- technical skill and physical effort, mental effort and judgement, and concern about iatrogenic risk. After we complete the ratings of total work, we will ask you to individually rate each of the other dimensions listed and to provide a summary rating of each procedure's complexity.

In all cases, we want you to try to respond in terms of the average or typical patient requiring the procedure or service.

Do you have any questions about the way I want you to compare the procedures, or what we mean by work?

O k let's start.

If exposure of single impacted cuspid in office for 14 year old child to facilitate future orthodontic treatment, no traction device required has a rating of 100, what number would you assign to the **total amount of work** involved in (the/a/an) (READ EACH)......

NUMBER

C1a. LeFort one maxillary and sagittal split mandibular osteotomies for correction of developmental deformity in 28 year old female. __________

INTERVIEWER CHECK: So this procedure requires about _____ **total amount of work** as the standard?

C2b. Office visit to advise for or against removal of wisdom teeth, 18 year old male referred by orthodontist. ______

INTERVIEWER CHECK: So this procedure requires about _____ total amount of work as the standard?

C3c. Removal of 4 impacted, full bony, wisdom teeth, single office procedure, 21 year old male college student. ______

C4d. Removal of 4 impacted, full bony, wisdom teeth, single hospital procedure, 21 year old male college student. ______

C5e. General anesthesia for 14 year old child for exposure of single impacted cuspid, office setting. ______

C6f. General anesthesia for extraction of abscessed tooth in a healthy 40 year old male. ______

C7g. Extraction of 10 erupted mandibular teeth, 60 year old male on Persantine and aspirin, 6 years post MI. ______

C8h. Extraction of abscessed tooth in a healthy 40 year old male. ______

C9i. Bilateral sagittal osteotomy, mandibular ramus in 20 year old female for developmental deformity. ______

C10j. Excision of .5 centimeter benign lesion of the lip in a 60 year old female. ______

C11k. Comprehensive evaluation of 28 year old female with 2 year history of facial/TMJ pain and joint clicking. ______

INTERVIEWER CHECK: So this procedure requires about _____ total amount of work as the standard?

C12l. Office visit for 45 year old female smoker with small oral ulcer on the lateral border of tongue. ______

C13m. General anesthesia in office for extraction of 4 wisdom teeth in healthy 18 year old male, surgery performed by other than yourself. ______

C14n. General anesthesia for extraction of fractured tooth in 4 year old child. __________

C15o. Unilateral Caldwell-Luc procedure for maxillary sinus disease, with antral polyp removal. __________

C16p. Closed reduction of mandibular fracture by manipulation and intermaxillary fixation. 24 year old male. __________

C17q. Open surgical treatment of complex mandibular fracture including internal fixation, interdental fixation, and/or wiring of dentures or splints; 32 year old female. __________

C18r. Interpretation of panoramic x-rays for recommendation regarding removal of impacted wisdom teeth, 18 year old male referred by orthodontist. __________

C19s. Performance and interpretation of bilateral x-rays of TMJ, open and closed mouth, 31 year old female. __________

C20t. Open treatment of multiple fractures of zygomatic arch and malar tripod, with internal skeletal and multiple surgical approaches. __________

C21u. Unilateral arthroscopy of TMJ. __________

C22v. Placement of 4 maxillary endosseous implants. __________

C23w. Unilateral meniscoplasty, temporomandibular joint. __________

D. MAGNITUDE ESTIMATION (2): LEVEL OF TECHNICAL SKILL AND PHYSICAL EFFORT

Now we want you to rate the same procedures with respect to the level of technical skill and physical effort, including the manual skill and dexterity they require.

If exposure of single impacted cuspid in office for 14 year old child to facilitate future orthodontic treatment, no traction device required has a rating of 100, what number would you assign the technical skill and physical effort required to do (the/a/an)....... (READ EACH)

NUMBER

D1a. LeFort one maxillary and sagittal split mandibular osteotomies for correction of developmental deformity in 28 year old female. ________

INTERVIEWER CHECK: So this procedure requires about _____ technical skill and physical effort as the standard?

D2b. Office visit to advise for or against removal of wisdom teeth, 18 year old male referred by orthodontist. ________

INTERVIEWER CHECK: So this procedure requires about _____ technical skill and physical effort as the standard?

D3c. Removal of 4 impacted, full bony, wisdom teeth, single office procedure, 21 year old male college student. ________

D4d. Removal of 4 impacted, full bony, wisdom teeth, single hospital procedure, 21 year old male college student. ________

D5e. General anesthesia for 14 year old child for exposure of single impacted cuspid, office setting. ________

D6f. General anesthesia for extraction of abscessed tooth in a healthy 40 year old male. ________

D7g. Extraction of 10 erupted mandibular teeth, 60 year old male on Persantine and aspirin, 6 years post MI. ________

D8h. Extraction of abscessed tooth in a healthy 40 year old male. __________

D9i. Bilateral sagittal osteotomy, mandibular ramus in 20 year old female for developmental deformity. __________

D10j. Excision of .5 centimeter benign lesion of the lip in a 60 year old female. __________

D11k. Comprehensive evaluation of 28 year old female with 2 year history of facial/TMJ pain and joint clicking. __________

INTERVIEWER CHECK: So this procedure requires about _____ technical skill and physical effort as the standard?

D12l. Office visit for 45 year old female smoker with small oral ulcer on the lateral border of tongue. __________

D13m. General anesthesia in office for extraction of 4 wisdom teeth in healthy 18 year old male, surgery performed by other than yourself. __________

D14n. General anesthesia for extraction of fractured tooth in 4 year old child. __________

D15o. Unilateral Caldwell-Luc procedure for maxillary sinus disease, with antral polyp removal. __________

D16p. Closed reduction of mandibular fracture by manipulation and intermaxillary fixation. 24 year old male. __________

D17q. Open surgical treatment of complex mandibular fracture including internal fixation, interdental fixation, and/or wiring of dentures or splints; 32 year old female. __________

D18r. Interpretation of panoramic x-rays for recommendation regarding removal of impacted wisdom teeth, 18 year old male referred by orthodontist. __________

D19s. Performance and interpretation of bilateral x-rays of TMJ, open and closed mouth, 31 year old female. __________

D20t. Open treatment of multiple fractures of zygomatic arch and malar tripod, with internal skeletal and multiple surgical approaches. __________

D21u. Unilateral arthroscopy of TMJ. __________

D22v. Placement of 4 maxillary endosseous implants. __________

D23w. Unilateral meniscoplasty, temporomandibular joint. __________

E. MAGNITUDE ESTIMATION: LEVEL OF MENTAL EFFORT (3)

Now we want you to rate the same procedures with respect to level of mental effort and judgment they require.

If exposure of single impacted cuspid in office for 14 year old child to facilitate future orthodontic treatment, no traction device required has a rating of 100, what number would you assign to the level of mental effort and judgment required to do (the/a/an)...... (READ EACH)

NUMBER

E1a. LeFort one maxillary and sagittal split mandibular osteotomies for correction of developmental deformity in 28 year old female. __________

INTERVIEWER CHECK: So this procedure requires about _____ mental effort and judgment as the standard?

E2b. Office visit to advise for or against removal of wisdom teeth, 18 year old male referred by orthodontist. __________

INTERVIEWER CHECK: So this procedure requires about _____ mental effort and judgment as the standard?

E3c. Removal of 4 impacted, full bony, wisdom teeth, single office procedure, 21 year old male college student. __________

E4d. Removal of 4 impacted, full bony, wisdom teeth, single hospital procedure, 21 year old male college student. __________

E5e. General anesthesia for 14 year old child for exposure of single impacted cuspid, office setting. __________

E6f. General anesthesia for extraction of abscessed tooth in a healthy 40 year old male. __________

E7g. Extraction of 10 erupted mandibular teeth, 60 year old male on Persantine and aspirin, 6 years post MI. __________

E8h. Extraction of abscessed tooth in a healthy 40 year old male. __________

E9i. Bilateral sagittal osteotomy, mandibular ramus in 20 year old female for developmental deformity. __________

E10j. Excision of .5 centimeter benign lesion of the lip in a 60 year old female. __________

E11k. Comprehensive evaluation of 28 year old female with 2 year history of facial/TMJ pain and joint clicking. __________

INTERVIEWER CHECK: So this procedure requires about _____ mental effort and judgment as the standard?

E12l. Office visit for 45 year old female smoker with small oral ulcer on the lateral border of tongue. __________

E13m. General anesthesia in office for extraction of 4 wisdom teeth in healthy 18 year old male, surgery performed by other than yourself. __________

E14n. General anesthesia for extraction of fractured tooth in 4 year old child. __________

E15o. Unilateral Caldwell-Luc procedure for maxillary sinus disease, with antral polyp removal. __________

E16p. Closed reduction of mandibular fracture by manipulation and intermaxillary fixation. 24 year old male. __________

E17q. Open surgical treatment of complex mandibular fracture including internal fixation, interdental fixation, and/or wiring of dentures or splints; 32 year old female. __________

E18r. Interpretation of panoramic x-rays for recommendation regarding removal of impacted wisdom teeth, 18 year old male referred by orthodontist. __________

E19s. Performance and interpretation of bilateral x-rays of TMJ, open and closed mouth, 31 year old female. __________

E20t. Open treatment of multiple fractures of zygomatic arch and malar tripod, with internal skeletal and multiple surgical approaches. ________

E21u. Unilateral arthroscopy of TMJ. ________

E22v. Placement of 4 maxillary endosseous implants. ________

E23w. Unilateral meniscoplasty, temporomandibular joint. ________

F. MAGNITUDE ESTIMATION: IATROGENIC RISK (4)

Now we want you to rate the same procedures with respect to the risk of iatrogenic harm or complications for the patient. This may include the risk associated with mis-diagnosis. Consider in your rating the stress on a physician due to concern about these risks.

If exposure of single impacted cuspid in office for 14 year old child to facilitate future orthodontic treatment, no traction device required has a rating of 100, what number would you assign to the iatrogenic risk when doing (the/a/an)..... (READ EACH)

NUMBER

F1a. LeFort one maxillary and sagittal split mandibular osteotomies for correction of developmental deformity in 28 year old female. ________

INTERVIEWER CHECK: So this procedure involves about _____ iatrogenic risk as the standard?

F2b. Office visit to advise for or against removal of wisdom teeth, 18 year old male referred by orthodontist. ________

INTERVIEWER CHECK: So this procedure involves about _____ iatrogenic risk as the standard?

F3c. Removal of 4 impacted, full bony, wisdom teeth, single office procedure, 21 year old male college student. ________

F4d. Removal of 4 impacted, full bony, wisdom teeth, single hospital procedure, 21 year old male college student. ________

F5e. General anesthesia for 14 year old child for exposure of single impacted cuspid, office setting. ________

F6f. General anesthesia for extraction of abscessed tooth in a healthy 40 year old male. ________

F7g. Extraction of 10 erupted mandibular teeth, 60 year old male on Persantine and aspirin, 6 years post MI. ________

F8h. Extraction of abscessed tooth in a healthy 40 year old male. ______

F9i. Bilateral sagittal osteotomy, mandibular ramus in 20 year old female for developmental deformity. ______

F10j. Excision of .5 centimeter benign lesion of the lip in a 60 year old female. ______

F11k. Comprehensive evaluation of 28 year old female with 2 year history of facial/TMJ pain and joint clicking. ______

INTERVIEWER CHECK: So this procedure involves about _____ iatrogenic risk as the standard?

F12l. Office visit for 45 year old female smoker with small oral ulcer on the lateral border of tongue. ______

F13m. General anesthesia in office for extraction of 4 wisdom teeth in healthy 18 year old male, surgery performed by other than yourself. ______

F14n. General anesthesia for extraction of fractured tooth in 4 year old child. ______

F15o. Unilateral Caldwell-Luc procedure for maxillary sinus disease, with antral polyp removal. ______

F16p. Closed reduction of mandibular fracture by manipulation and intermaxillary fixation. 24 year old male. ______

F17q. Open surgical treatment of complex mandibular fracture including internal fixation, interdental fixation, and/or wiring of dentures or splints; 32 year old female. ______

F18r. Interpretation of panoramic x-rays for recommendation regarding removal of impacted wisdom teeth, 18 year old male referred by orthodontist. ______

F19s Performance and interpretation of bilateral x-rays of TMJ, open and closed mouth, 31 year old female. __________

F20t. Open treatment of multiple fractures of zygomatic arch and malar tripod, with internal skeletal and multiple surgical approaches. __________

F21u. Unilateral arthroscopy of TMJ. __________

F22v. Placement of 4 maxillary endosseous implants. __________

F23w. Unilateral meniscoplasty, temporomandibular joint. __________

G. MAGNITUDE ESTIMATION: COMPLEXITY (5)

Now we want you to provide a summary rating of the complexity of these same procedures. In making this summary rating, we want you to consider each of the other three components listed - that is technical skill and physical effort, mental effort and judgment, and concern about iatrogenic risk, regardless of the time a procedure or service takes to do.

If exposure of single impacted cuspid in office for 14 year old child to facilitate future orthodontic treatment, no traction device required has a rating of 100, what number would you give the complexity of (the/a/an) (READ EACH)....

NUMBER

G1a. LeFort one maxillary and sagittal split mandibular osteotomies for correction of developmental deformity in 28 year old female. ________

INTERVIEWER CHECK: So this procedure is about _____ as complex as the standard?

G2b. Office visit to advise for or against removal of wisdom teeth, 18 year old male referred by orthodontist. ________

INTERVIEWER CHECK: So this procedure is about _____ as complex as the standard?

G3c. Removal of 4 impacted, full bony, wisdom teeth, single office procedure, 21 year old male college student. ________

G4d. Removal of 4 impacted, full bony, wisdom teeth, single hospital procedure, 21 year old male college student. ________

G5e. General anesthesia for 14 year old child for exposure of single impacted cuspid, office setting. ________

G6f. General anesthesia for extraction of abscessed tooth in a healthy 40 year old male. ________

G7g. Extraction of 10 erupted mandibular teeth, 60 year old male on Persantine and aspirin, 6 years post MI. ________

G8h. Extraction of abscessed tooth in a healthy 40 year old male. ________

G9i. Bilateral sagittal osteotomy, mandibular ramus in 20 year old female for developmental deformity. __________

G10j. Excision of .5 centimeter benign lesion of the lip in a 60 year old female. __________

G11k. Comprehensive evaluation of 28 year old female with 2 year history of facial/TMJ pain and joint clicking. __________

INTERVIEWER CHECK: So this procedure is about _____ as complex as the standard?

G12l. Office visit for 45 year old female smoker with small oral ulcer on the lateral border of tongue. __________

G13m. General anesthesia in office for extraction of 4 wisdom teeth in healthy 18 year old male, surgery performed by other than yourself. __________

G14n. General anesthesia for extraction of fractured tooth in 4 year old child. __________

G15o. Unilateral Caldwell-Luc procedure for maxillary sinus disease, with antral polyp removal. __________

G16p. Closed reduction of mandibular fracture by manipulation and intermaxillary fixation. 24 year old male. __________

G17q. Open surgical treatment of complex mandibular fracture including internal fixation, interdental fixation, and/or wiring of dentures or splints; 32 year old female. __________

G18r. Interpretation of panoramic x-rays for recommendation regarding removal of impacted wisdom teeth, 18 year old male referred by orthodontist. __________

G19s. Performance and interpretation of bilateral x-rays of TMJ, open and closed mouth, 31 year old female. __________

G20t. Open treatment of multiple fractures of zygomatic arch and malar tripod, with internal skeletal and multiple surgical approaches. __________

G21u. Unilateral arthroscopy of TMJ. __________

G22v. Placement of 4 maxillary endosseous implants. __________

G23w. Unilateral meniscoplasty, temporomandibular joint. __________

H. DEMOGRAPHIC DATA

Finally, I'd like to get some background information on you and your medical practice. I would like to remind you that all answers are confidential, and no individuals will be identified in any report.

H1. In your main medical practice, are you the owner of your own practice (full or part owner), are you employed by another doctor or group of doctors or are you an employee of some other kind of organization?

1 ☐ OWNER

2 ☐ EMPLOYED BY OTHER DOCTORS OR GROUP

3 ☐ OTHER ORGANIZATION (SKIP TO H3)

H2. Including yourself, how many doctors are associated with your practice for at least 20 hours a week?

____________ DOCTORS (SKIP TO H4)

H3. In what kind of organization are you employed in your main medical practice - a hospital, an HMO, or some other kind of organization? (What kind of organization?)

1 ☐ HOSPITAL

2 ☐ HMO

3 ☐ OTHER (SPECIFY) ______________________________

____

____

H4. Do you receive the majority of your compensation for practicing medicine from fee for service, from salary, or from some other arrangement?

1 ☐ FEE FOR SERVICE (SKIP TO H6)

2 ☐ SALARY
(SKIP TO H8)
3 ☐ OTHER

H5. (OMITTED)

H6. Do you or your practice have a contract with a preferred provider organization, or PPO?
[PROBE: A preferred provider organization or PPO markets the services of a select panel of health care providers for a discounted charge. The patients pay for services on a previously negotiated predominated fee-for-service basis. Also, patients have an economic incentive to use the panel rather than other health care providers.]
NOTE: A PPO IS NOT AN HMO.

1 ☐ YES

2 ☐ NO

H7. Are you or is your practice a member of an individual practice arrangement or IPA?
[PROBE: Under an IPA plan, a physician's practice would contract with an HMO to treat HMO patients on a fee-for-service basis.]

1 ☐ YES

2 ☐ NO

H8. Does the hospital where you perform most of your hospital work have a resident training program or not?

1 ☐ YES

2 ☐ NO (SKIP TO H11)

3 ☐ INAP, DOES NOT PROVIDE CARE IN ANY HOSPITAL (SKIP TO H12)

H9. Does that hospital have a resident training program in your specialty?

1 ☐ YES

2 ☐ NO

H10. Counting residents in all specialties, would you say that hospital has more or less than 50 residents in training?

1 ☐ MORE THAN 50

2 ☐ LESS THAN 50

H11. How many beds does that hospital have - fewer than 100, 100 to 300, 300 to 500, or over 500?

1 ☐ FEWER THAN 100

2 ☐ 100 TO 300

1 ☐ 300 TO 500

2 ☐ OVER 500

H12. In what year did you graduate from dental school?

____________ YEAR

H13. Are you board certified?

1 ☐ YES

2 ☐ NO (SKIP TO H14)

H13a. In what specialty are you certified?

____

____

H14. Do you or your practice accept assignment from Medicare patients for your services?

1 ☐ YES

2 ☐ NO

H15. Do you or your practice accept patients whose primary medical coverage is your state's Medicaid program?

1 ☐ YES

2 ☐ NO

H16. We need to get a general idea of your income, because that's a variable that may be related to how procedures are rated. We just need your answer in a large range. During 1986, about how much was your own income from your medical practice after expenses but before taxes. Please include fees, salaries, retainers and other forms of compensation.

Was it less than $100,000, 100,000 to $200,000, or over $200,000?

1 ☐ UNDER $100,000

Was it more or less than $70,000?

- ☐ UNDER $70,000
- ☐ OVER $70,000

2 ☐ $100,000 TO $200,000

Was it less than $125,000, $125,000 to $150,000, or over $150,000?

- ☐ LESS THAN $125,000
- ☐ $125,000 TO $150,000
- ☐ OVER $150,000

3 ☐ OVER $200,000

Was it more or less than $250,000?

- ☐ UNDER $250,000
- ☐ OVER $250,000

H17. Last, had you heard about this study before we contacted you about this interview?

1 ☐ YES

2 ☐ NO (THANK R AND CONCLUDE INTERVIEW)

H18. From what source was that?

____

Thank you for your time and help in answering these questions.

TIME NOW: ____________

Appendix I

INTERVIEWER COMMENTS

Appendix I

COVERSHEET NUMBER __________

INTERVIEWER ______________________________

INTERVIEWER ID# ______________

FOR OFFICE USE

NATIONAL PHYSICIANS SURVEY

(ORTHOPEDIC SURGERY)

Center for Survey Research
University of Massachusetts-Boston

and

Harvard School of Public Health

February/March, 1987

ORTH

Before we start, let me tell you a few things about this survey. The Center for Survey Research at the University of Massachusetts is conducting interviews for the Harvard School of Public Health. The sponsor of the project is the Health Care Financing Administration. We are interested in the complexity and time involved in certain medical procedures and services. You will be asked about procedures which are common in your specialty. Data collected in this study may be used in physician reimbursement policy.

Your answers are completely confidential and will never be used in any way that could link them to you. They will be combined with other answers for statistical analysis.

Do you have any questions before we start?

Appendix I

TIME NOW: ____________

A. PROCEDURE OR SERVICE TIME

First, I'd like you to tell me how many minutes it usually takes you to complete each of the set of procedures. The list was in the packet of information you received in the mail.

AA. Do you have the list in front of you?

1 ☐ YES

2 ☐ NO

* * * * * *

In this section, we only want you to count the time it takes for you to do the procedure itself on the average patient; do not count time you spend either before or after the service described.

On average, how long does it take to do (the/a/an) (READ EACH).....

		MINUTES
A1.	Decompression of carpal tunnel in 48 year old female, unilateral, ambulatory surgery unit.	________
A1a.	Primary total hip replacement for osteoarthritis.	________
A2b.	Day 3 or 4 post-op follow-up of 80 year old female with repair of intertrochanteric fracture.	________
A3c.	Bunionectomy, Keller/McBride/Mayo type, 45 year old female ambulatory surgery unit.	________
A4d.	Arthroscopic partial menisectomy, 22 year old male with knee trauma, ambulatory surgery unit.	________
A5e.	Unilateral lumbar laminectomy with excision of intervertebral disc, single level, without fusion.	________
A6f.	Open reduction and internal fixation of intertrochanteric fracture in 80 year old female.	________
A7g.	Reduction of unstable closed comminuted fracture of the distal radius, external fixation with metallic type device, ambulatory surgery unit.	________
A8h.	Comprehensive initial office visit for evaluation of 13 year old female with progressive scoliosis.	________

A9i. Comprehensive office visit for initial evaluation of a 48 year old man with recurrent low back pain radiating to the leg. ________

A10j. Initial evaluation and formulation of plan for management of multiple trauma patient with complex pelvic fracture in 35 year old male. ________

A11k. Intermediate office visit for established patient with known osteoarthritis and painful swollen knees. ________

A12l. Interpretation of lumbar spine X-rays, complete radiograph exam, adult patient with low back pain. ________

A13m. Closed reduction of a subluxation of the head of the radius at the elbow in a 4 year old male, office setting. ________

A14n. First visit for evaluation and counseling of 28 year old male runner with knee and calf. ________

A15o. Interpretation of X-rays in treatment of comminuted fracture of distal radius, 3 initial views and 2 immediate post-reduction views. ________

A16p. Interpretation of elbow x-rays: complete radiograph exam, for pain, tenderness. ________

A17q. Interpretation of foot x-rays for possible fracture, complete radiograph exam for severe mid foot pain. ________

A18r. Aspiration of synovial fluid from knee, office procedure. ________

A19s. Performing and interpreting a lumbar myelogram, 68 year old female. ________

A20t. Laminectomy for decompression of spinal cord and/or cauda equina, more than two segments; lumbar. ________

A21u. Interpretation of hip x-rays, complete, for moderate/severe hip pain. ________

B. TIME REQUIRED FOR SURGICAL CARE

Now I want you to estimate the time you normally spend on activities related to surgery (other than the time to do the surgery itself) when the patient is in the hospital.

TIME IN MINUTES

B1. Let's use a decompression of carpal tunnel in 48 year old female, unilateral, ambulatory surgery unit as an example.

On average, how many minutes would you spend on (READ B1a).... (How about (READ B1b)?)

B1a. the hospital admission workup and hospital visits before the operation? ______________

B1b. dressing, scrubbing, and waiting before the operation? ______________

B1c. providing immediate postoperative care, including dictating operative notes, talking with the family and other physicians, writing orders, and checking in on the patient in the recovery room? ______________

B1d. additional post-operative follow-up the day of the surgery? ______________

B1e. On average, how many times do you see the patient after the day of surgery for a decompression of carpal tunnel? ______________ (TIMES)

☐ NONE (SKIP TO B2)

B1f. On each of those times after surgery, how many minutes do you spend, on average, seeing the patient? ______________ (MINUTES)

B2. Now let's use a closed reduction of a subluxation of the head of the radius at the elbow in a 4 year old male, office setting as an example.

On average, how many minutes would you spend on (READ B2a).... (How about (READ B2b)?

B2a. The pre-procedure workup? ______________

B2b. Prepping the patient and waiting before the procedure? ______________

B2c. Providing immediate post-procedure care, including dictating notes, talking with the family and other physicians, writing orders, and checking in on the patient? ______________

B2d. Additional post-operative follow-up on the same day? ______________

B2e. On average, how many times do you see the patient after the day the closed reduction of a subluxation is performed ______________ (TIMES)

[ ] NONE (SKIP TO B3)

B2f. On each of those times after surgery, how many minutes do you spend, on average, seeing the patient? ______________ (MINUTES)

B3. As a final example, use an open reduction and internal fixation of intertrochanteric fracture in 80 year old female

On average, how many minutes would you spend on (READ B1a).... (How about (READ B1b)?)

B3a. the hospital admission workup and hospital visits before the operation? ____________

B3b. dressing, scrubbing, and waiting before the operation? ____________

B3c. providing immediate postoperative care, including dictating operative notes, talking with the family and other physicians, writing orders, and checking in on the patient in the recovery room? ____________

B3d. additional post-operative follow-up the day of the surgery? ____________

B3e. On average, how many days do you see the patient in the hospital after the day of surgery for an open reduction and internal fixation of intertrochanteric fracture? ____________ (DAYS)

[ ] NONE (SKIP TO C)

B3f. On each of those days after surgery, how many minutes do you spend, on average, seeing the patient? ____________ (MINUTES)

C. MAGNITUDE ESTIMATION: WORK (1)

Next let's talk about how much work is involved in various procedures you perform within your specialty. The packet we sent to you discussed the method we would like you to use for comparing the procedures. If you have the packet handy, it would be helpful for you to look at a description of the magnitude estimation method as I review it briefly.

The standard for all the ratings will be a decompression of carpal tunnel in 48 year old female, unilateral, ambulatory surgery unit. Call this 100. Now with the standard as 100, compare it to each of the other procedures as I read them to you. If the procedure or service I mention is twice as difficult, then your answer would be 200. A procedure half as difficult would be 50, five times as difficult would be 500 and so on.

I am going to ask you to compare each of the procedures to the standard on each of the five dimensions listed at the bottom of the Procedures and Services page. The first dimension is an overall rating of the total amount of work, that is the total time and effort the procedure requires. This is an overall rating that includes the time it takes to complete the procedure and the three components that reflect its complexity -- technical skill and physical effort, mental effort and judgement, and concern about iatrogenic risk. After we complete the ratings of total work, we will ask you to individually rate each of the other dimensions listed and to provide a summary rating of each procedure's complexity.

In all cases, we want you to try to respond in terms of the average or typical patient requiring the procedure or service.

Do you have any questions about the way I want you to compare the procedures, or what we mean by work?

O.k. let's start.

If a decompression of carpal tunnel in 48 year old female, unilateral, ambulatory surgery unit has a rating of 100, what number would you assign to the total amount of work involved in (the/a/an) (READ EACH)......

NUMBER

C1a. Primary total hip replacement for osteoarthritis. ________

INTERVIEWER CHECK: So this procedure requires about _____ total amount of work as the standard?

C2b. Day 3 or 4 post-op follow-up of 80 year old female with repair of intertrochanteric fracture. ________

INTERVIEWER CHECK: So this procedure requires about _____ total amount of work as the standard?

C3c. Bunionectomy, Keller/McBride/Mayo type, 45 year old female ambulatory surgery unit. ________

C4d. Arthroscopic partial menisectomy, 22 year old male with knee trauma, ambulatory surgery unit. ________

C5e. Unilateral lumbar laminectomy with excision of intervertebral disc, single level, without fusion. ________

C6f. Open reduction and internal fixation of intertrochanteric fracture in 80 year old female. ________

C7g. Reduction of unstable closed comminuted fracture of the distal radius, external fixation with metallic type device, ambulatory surgery unit. ________

C8h. Comprehensive initial office visit for evaluation of 13 year old female with progressive scoliosis. ________

C9i. Comprehensive office visit for initial evaluation of a 48 year old man with recurrent low back pain radiating to the leg. ________

C10j. Initial evaluation and formulation of plan for management of multiple trauma patient with complex pelvic fracture in 35 year old male. ________

C11k. Intermediate office visit for established patient with known osteoarthritis and painful swollen knees. ________

INTERVIEWER CHECK: So this procedure requires about _____ total amount of work as the standard?

C12l. Interpretation of lumbar spine X-rays, complete radiograph exam, adult patient with low back pain. ________

C13m. Closed reduction of a subluxation of the head of the radius at the elbow in a 4 year old male, office setting. ________

C14n. First visit for evaluation and counseling of 28 year old male runner with knee and calf pain. ________

C15o. Interpretation of X-rays in treatment of comminuted fracture of distal radius, 3 initial views and 2 immediate post-reduction views. ________

C16p. Interpretation of elbow x-rays: complete radiograph exam, for pain, tenderness. ________

C17q. Interpretation of foot x-rays for possible fracture, complete radiograph exam for severe mid foot pain. ________

C18r. Aspiration of synovial fluid from knee, office procedure. ________

C19s. Performing and interpreting a lumbar myelogram, 68 year old female. ________

C20t. Laminectomy for decompression of spinal cord and/or cauda equina, more than two segments; lumbar. ________

C21u. Interpretation of hip x-rays, complete, for moderate/severe hip pain. ________

D. MAGNITUDE ESTIMATION (2): LEVEL OF TECHNICAL SKILL AND PHYSICAL EFFORT

Now we want you to rate the same procedures with respect to the level of technical skill and physical effort, including the manual skill and dexterity they require.

If a decompression of carpal tunnel in 48 year old female, unilateral, ambulatory surgery unit has a rating of 100, what number would you assign the technical skill and physical effort required to do (the/a/an)....... (READ EACH)

NUMBER

D1a. Primary total hip replacement for osteoarthritis. ________

INTERVIEWER CHECK: So this procedure requires about _____ technical skill and physical effort as the standard?

D2b. Day 3 or 4 post-op follow-up of 80 year old female with repair of intertrochanteric fracture. ________

INTERVIEWER CHECK: So this procedure requires about _____ technical skill and physical effort as the standard?

D3c. Bunionectomy, Keller/McBride/Mayo type, 45 year old female ambulatory surgery unit. ________

D4d. Arthroscopic partial menisectomy, 22 year old male with knee trauma, ambulatory surgery unit. ________

D5e. Unilateral lumbar laminectomy with excision of intervertebral disc, single level, without fusion. ________

D6f. Open reduction and internal fixation of intertrochanteric fracture in 80 year old female. ________

D7g. Reduction of unstable closed comminuted fracture of the distal radius, external fixation with metallic type device, ambulatory surgery unit. ________

D8h. Comprehensive initial office visit for evaluation of 13 year old female with progressive scoliosis. ________

D9i. Comprehensive office visit for initial evaluation of a 48 year old man with recurrent low back pain radiating to the leg. ________

D10j. Initial evaluation and formulation of plan for management of multiple trauma patient with complex pelvic fracture in 35 year old male. ________

D11k. Intermediate office visit for established patient with known osteoarthritis and painful swollen knees. ________

INTERVIEWER CHECK: So this procedure requires about _____ technical skill and physical effort as the standard?

D12l. Interpretation of lumbar spine X-rays, complete radiograph exam, adult patient with low back pain. ________

D13m. Closed reduction of a subluxation of the head of the radius at the elbow in a 4 year old male, office setting. ________

D14n. First visit for evaluation and counseling of 28 year old male runner with knee and calf pain. ________

D15o. Interpretation of X-rays in treatment of comminuted fracture of distal radius, 3 initial views and 2 immediate post-reduction views. ________

D16p. Interpretation of elbow x-rays: complete radiograph exam, for pain, tenderness. ________

D17q. Interpretation of foot x-rays for possible fracture, complete radiograph exam for severe mid foot pain. ________

D18r. Aspiration of synovial fluid from knee, office procedure. ________

D19s. Performing and interpreting a lumbar myelogram, 68 year old female. ________

D20t. Laminectomy for decompression of spinal cord and/or cauda equina, more than two segments; lumbar. ________

D21u. Interpretation of hip x-rays, complete, for moderate/severe hip pain. ________

E. MAGNITUDE ESTIMATION: LEVEL OF MENTAL EFFORT (3)

Now we want you to rate the same procedures with respect to level of mental effort and judgment they require.

If a decompression of carpal tunnel in 48 year old female, unilateral, ambulatory surgery unit has a rating of 100, what number would you assign to the level of mental effort and judgment required to do (the/a/an)...... (READ EACH)

NUMBER

E1a. Primary total hip replacement for osteoarthritis. ________

INTERVIEWER CHECK: So this procedure requires about _____ mental effort and judgment as the standard?

E2b. Day 3 or 4 post-op follow-up of 80 year old female with repair of intertrochanteric fracture. ________

INTERVIEWER CHECK: So this procedure requires about _____ mental effort and judgment as the standard?

E3c. Bunionectomy, Keller/McBride/Mayo type, 45 year old female ambulatory surgery unit. ________

E4d. Arthroscopic partial menisectomy, 22 year old male with knee trauma, ambulatory surgery unit. ________

E5e. Unilateral lumbar laminectomy with excision of intervertebral disc, single level, without fusion. ________

E6f. Open reduction and internal fixation of intertrochanteric fracture in 80 year old female. ________

E7g. Reduction of unstable closed comminuted fracture of the distal radius, external fixation with metallic type device, ambulatory surgery unit. ________

E8h. Comprehensive initial office visit for evaluation of 13 year old female with progressive scoliosis. ________

E9i. Comprehensive office visit for initial evaluation of a 48 year old man with recurrent low back pain radiating to the leg. ________

E10j. Initial evaluation and formulation of plan for management of multiple trauma patient with complex pelvic fracture in 35 year old male. ________

E11k. Intermediate office visit for established patient with known osteoarthritis and painful swollen knees. ________

INTERVIEWER CHECK: So this procedure requires about _____ mental effort and judgment as the standard?

E12l. Interpretation of lumbar spine X-rays, complete radiograph exam, adult patient with low back pain. ________

E13m. Closed reduction of a subluxation of the head of the radius at the elbow in a 4 year old male, office setting. ________

E14n. First visit for evaluation and counseling of 28 year old male runner with knee and calf pain. ________

E15o. Interpretation of X-rays in treatment of comminuted fracture of distal radius, 3 initial views and 2 immediate post-reduction views. ________

E16p. Interpretation of elbow x-rays: complete radiograph exam, for pain, tenderness. ________

E17q. Interpretation of foot x-rays for possible fracture, complete radiograph exam for severe mid foot pain. ________

E18r. Aspiration of synovial fluid from knee, office procedure. ________

E19s. Performing and interpreting a lumbar myelogram, 68 year old female. ________

E20t. Laminectomy for decompression of spinal cord and/or cauda equina, more than two segments; lumbar. ________

E21u. Interpretation of hip x-rays, complete, for moderate/severe hip pain. ________

F. MAGNITUDE ESTIMATION: IATROGENIC RISK (4)

Now we want you to rate the same procedures with respect to the risk of iatrogenic harm or complications for the patient. This may include the risk associated with mis-diagnosis. Consider in your rating the stress on a physician due to concern about these risks.

If a decompression of carpal tunnel in 48 year old female, unilateral, ambulatory surgery unit has a rating of 100, what number would you assign to the iatrogenic risk when doing (the/a/an)..... (READ EACH)

NUMBER

F1a. Primary total hip replacement for osteoarthritis. ________

INTERVIEWER CHECK: So this procedure involves about _____ iatrogenic risk as the standard?

F2b. Day 3 or 4 post-op follow-up of 80 year old female with repair of intertrochanteric fracture. ________

INTERVIEWER CHECK: So this procedure involves about _____ iatrogenic risk as the standard?

F3c. Bunionectomy, Keller/McBride/Mayo type, 45 year old female ambulatory surgery unit. ________

F4d. Arthroscopic partial menisectomy, 22 year old male with knee trauma, ambulatory surgery unit. ________

F5e. Unilateral lumbar laminectomy with excision of intervertebral disc, single level, without fusion. ________

F6f. Open reduction and internal fixation of intertrochanteric fracture in 80 year old female. ________

F7g. Reduction of unstable closed comminuted fracture of the distal radius, external fixation with metallic type device, ambulatory surgery unit. ________

F8h. Comprehensive initial office visit for evaluation of 13 year old female with progressive scoliosis. ________

F9i. Comprehensive office visit for initial evaluation of a 48 year old man with recurrent low back pain radiating to the leg. ________

F10j. Initial evaluation and formulation of plan for management of multiple trauma patient with complex pelvic fracture in 35 year old male. ________

F11k. Intermediate office visit for established patient with known osteoarthritis and painful swollen knees. ________

INTERVIEWER CHECK: So this procedure involves about _____ iatrogenic risk as the standard?

F12l. Interpretation of lumbar spine X-rays, complete radiograph exam, adult patient with low back pain. ________

F13m. Closed reduction of a subluxation of the head of the radius at the elbow in a 4 year old male, office setting. ________

F14n. First visit for evaluation and counseling of 28 year old male runner with knee and calf pain. ________

F15o. Interpretation of X-rays in treatment of comminuted fracture of distal radius, 3 initial views and 2 immediate post-reduction views. ________

F16p. Interpretation of elbow x-rays: complete radiograph exam, for pain, tenderness. ________

F17q. Interpretation of foot x-rays for possible fracture, complete radiograph exam for severe mid foot pain. ________

F18r. Aspiration of synovial fluid from knee, office procedure. ________

F19s. Performing and interpreting a lumbar myelogram, 68 year old female. ________

F20t. Laminectomy for decompression of spinal cord and/or cauda equina, more than two segments; lumbar. ________

F21u. Interpretation of hip x-rays, complete, for moderate/severe hip pain. ________

G. MAGNITUDE ESTIMATION: COMPLEXITY (5)

Now we want you to provide a summary rating of the complexity of these same procedures. In making this summary rating, we want you to consider each of the other three components listed - that is technical skill and physical effort, mental effort and judgment, and concern about iatrogenic risk, regardless of the time a procedure or service takes to do.

If a decompression of carpal tunnel in 48 year old female, unilateral, ambulatory surgery unit has a rating of 100, what number would you give the complexity of (the/a/an) (READ EACH)....

NUMBER

G1a. Primary total hip replacement for osteoarthritis. ________

INTERVIEWER CHECK: So this procedure is about _____ as complex as the standard?

G2b. Day 3 or 4 post-op follow-up of 80 year old female with repair of intertrochanteric fracture. ________

INTERVIEWER CHECK: So this procedure is about _____ as complex as the standard?

G3c. Bunionectomy, Keller/McBride/Mayo type, 45 year old female ambulatory surgery unit. ________

G4d. Arthroscopic partial menisectomy, 22 year old male with knee trauma, ambulatory surgery unit. ________

G5e. Unilateral lumbar laminectomy with excision of intervertebral disc, single level, without fusion. ________

G6f. Open reduction and internal fixation of intertrochanteric fracture in 80 year old female. ________

G7g. Reduction of unstable closed comminuted fracture of the distal radius, external fixation with metallic type device, ambulatory surgery unit. ________

G8h. Comprehensive initial office visit for evaluation of 13 year old female with progressive scoliosis. ________

G9i. Comprehensive office visit for initial evaluation of a 48 year old man with recurrent low back pain radiating to the leg. ________

G10j. Initial evaluation and formulation of plan for management of multiple trauma patient with complex pelvic fracture in 35 year old male. ________

G11k. Intermediate office visit for established patient with known osteoarthritis and painful swollen knees. ________

INTERVIEWER CHECK: So this procedure is about _____ as complex as the standard?

G12l. Interpretation of lumbar spine X-rays, complete radiograph exam, adult patient with low back pain. ________

G13m. Closed reduction of a subluxation of the head of the radius at the elbow in a 4 year old male, office setting. ________

G14n. First visit for evaluation and counseling of 28 year old male runner with knee and calf pain. ________

G15o. Interpretation of X-rays in treatment of comminuted fracture of distal radius, 3 initial views and 2 immediate post-reduction views. ________

G16p. Interpretation of elbow x-rays: complete radiograph exam, for pain, tenderness. ________

G17q. Interpretation of foot x-rays for possible fracture, complete radiograph exam for severe mid foot pain. ________

G18r. Aspiration of synovial fluid from knee, office procedure. ________

G19s. Performing and interpreting a lumbar myelogram, 68 year old female. ________

G20t. Laminectomy for decompression of spinal cord and/or cauda equina, more than two segments; lumbar. ________

G21u. Interpretation of hip x-rays, complete, for moderate/severe hip pain. ________

H. DEMOGRAPHIC DATA

Finally, I'd like to get some background information on you and your medical practice. I would like to remind you that all answers are confidential, and no individuals will be identified in any report.

H1. In your main medical practice, are you the owner of your own practice (full or part owner), are you employed by another physician or group of physicians, or are you an employee of some other kind of organization?

1 ☐ OWNER

2 ☐ EMPLOYED BY OTHER PHYSICIAN OR GROUP

3 ☐ OTHER ORGANIZATION (SKIP TO H3)

H2. Including yourself, how many physicians are associated with your practice for at least 20 hours a week?

______________ PHYSICIANS (SKIP TO H4)

H3. In what kind of organization are you employed in your main medical practice - a hospital, an HMO, or some other kind of organization? (What kind of organization?)

1 ☐ HOSPITAL

2 ☐ HMO

3 ☐ OTHER (SPECIFY) ________________________________

____

____

H4. Do you receive the majority of your compensation for practicing medicine from fee for service, from salary, or from some other arrangement?

1 ☐ FEE FOR SERVICE (SKIP TO H6)

2 ☐ SALARY
(SKIP TO H8)
3 ☐ OTHER

H5. (OMITTED)

H6. Do you or your practice have a contract with a preferred provider organization, or PPO?
[PROBE: A preferred provider organization or PPO markets the services of a select panel of health care providers for a discounted charge. The patients pay for services on a previously negotiated predominated fee-for-service basis. Also, patients have an economic incentive to use the panel rather than other health care providers.]
NOTE: A PPO IS NOT AN HMO.

1 ☐ YES

2 ☐ NO

H7. Are you or is your practice a *member* of an individual practice arrangement or IPA?
[PROBE: Under an IPA plan, a physician's practice would contract with an HMO to treat HMO patients on a fee-for-service basis.]

1 ☐ YES

2 ☐ NO

H8. Does the hospital where you perform most of your hospital work have a resident training program or not?

1 ☐ YES

2 ☐ NO (SKIP TO H11)

3 ☐ INAP, DOES NOT PROVIDE CARE IN ANY HOSPITAL (SKIP TO H12)

H9. Does that hospital have a resident training program in your specialty?

1 ☐ YES

2 ☐ NO

H10. Counting residents in all specialties, would you say that hospital has more or less than 50 residents in training?

1 ☐ MORE THAN 50

2 ☐ LESS THAN 50

H11. How many beds does that hospital have - fewer than 100, 100 to 300, 300 to 500, or over 500?

1 ☐ FEWER THAN 100
2 ☐ 100 TO 300
1 ☐ 300 TO 500
2 ☐ OVER 500

H12. In what year did you graduate from medical school?

____________ YEAR

H13. Are you board certified?

1 ☐ YES
2 ☐ NO (SKIP TO H14)

H13a. In what specialty are you certified?

____

____

H14. Do you or your practice accept assignment from Medicare patients for your services?

1 ☐ YES
2 ☐ NO

H15. Do you or your practice accept patients whose primary medical coverage is your state's Medicaid program?

1 ☐ YES
2 ☐ NO

H16. We need to get a general idea of your income, because that's a variable that may be related to how procedures are rated. We just need your answer in a large range. During 1986, about how much was your own income from your medical practice after expenses but before taxes. Please include fees, salaries, retainers and other forms of compensation.

Was it less than $100,000, 100,000 to $200,000, or over $200,000?

1 ☐ UNDER $100,000

Was it more or less than $70,000?

- ☐ UNDER $70,000
- ☐ OVER $70,000

2 ☐ $100,000 TO $200,000

Was it less than $125,000, $125,000 to $150,000, or over $150,000?

- ☐ LESS THAN $125,000
- ☐ $125,000 TO $150,000
- ☐ OVER $150,000

3 ☐ OVER $200,000

Was it more or less than $250,000?

- ☐ UNDER $250,000
- ☐ OVER $250,000

H17. Last, had you heard about this study before we contacted you about this interview?

1 ☐ YES

2 ☐ NO (THANK R AND CONCLUDE INTERVIEW)

H18. From what source was that?

____

Thank you for your time and help in answering these questions.

TIME NOW: ___________

INTERVIEWER COMMENTS

Appendix I

COVERSHEET NUMBER ____________

INTERVIEWER ______________________________

INTERVIEWR ID# ________________

FOR OFFICE USE

NATIONAL PHYSICIANS SURVEY

(OTOLARYNGOLOGY)

Center for Survey Research
University of Massachusetts-Boston

and

Harvard School of Public Health

February/March, 1987

OTO

Before we start, let me tell you a few things about this survey. The Center for Survey Research at the University of Massachusetts is conducting interviews for the Harvard School of Public Health. The sponsor of the project is the Health Care Financing Administration. We are interested in the complexity and time involved in certain medical procedures and services. You will be asked about procedures which are common in your specialty. Data collected in this study may be used in physician reimbursement policy.

Your answers are completely confidential and will never be used in any way that could link them to you. They will be combined with other answers for statistical analysis.

Do you have any questions before we start?

Appendix I

TIME NOW: ____________

A. PROCEDURE OR SERVICE TIME

First, I'd like you to tell me how many minutes it usually takes you to complete each of the set of procedures. The list was in the packet of information you received in the mail.

AA. Do you have the list in front of you?

1 [ ] YES

2 [ ] NO

* * * * * *

In this section, we only want you to count the time it takes for you to do the procedure itself on the average patient; do not count time you spend either before or after the service described.

On average, how long does it take to do (the/a/an) (READ EACH).....

MINUTES

A1. Tonsillectomy and adenoidectomy in 10 year old child. ________

A1a. Laryngectomy, with radical neck dissection for cancer in 65 year old male. ________

A2b. Office visit, sore throat, fever, and fatigue in 19 year old college student, established patient. ________

A3c. Initial office evaluation for gradual hearing loss in 58 year old male, history and physical, evaluation with interpretation of complete audiogram, air bone conduction reflexes, speech reception thresholds and discrimination. ________

A4d. Bilateral tympanostomy with tube insertion for recurrent otitis in 2 year old, general anesthesia. ________

A5e. Diagnostic fiberoptic bronchoscopy in patient with suspected bronchopulmonary lesion. ________

A6f. Septorhinoplasty, primary rhinoplasty with major septal repair, 25 year old male. ________

A7g. Direct laryngoscopy with biopsy for suspected carcinoma in 50 year old male, general anesthesia. ________

A8h. Tympanoplasty with mastoidectomy for cholesteatoma in adult. ________

Appendix I

A9i. Evaluation of recurrent dizziness and vertigo in 48 year old female, including history and physical, new patient, lab tests not included. ________

A10j. Interpretation of audiometry, basic, comprehensive. ________

A11k. Interpretation of spontaneous nystagmus test, with recording --ENG. ________

A12l. Parotidectomy, lateral lobe, with dissection and preservation of facial nerve, for parotid tumor in adult patient. ________

A13m. Tracheostomy, emergency procedure, transtracheal, in adult, for partial airway obstruction post trauma. ________

A14n. Evaluation of hoarseness and dysphagia in 65 year old male including history and physical. ________

A15o. Uvulopalatal pharyngoplasty (UPP) for upper airway obstruction. ________

A16p. Cochlear implant in child with bilateral sensorineural hearing loss. ________

A17q. Acoustic neuroma resection in adult, translabyrinthine. ________

A18r. Closed reduction of nasal fracture, with stabilization, post trauma in 20 year old male. ________

A19s. Rhinoplasty evaluation, 25 year old female, including history, physical and prolonged counseling, new patient. ________

A20t. Unilateral Caldwell-luc procedure for maxillary sinus disease, with polyp removal. ________

A21u. Removal of foreign body from ear canal without general anesthesia. ________

B. TIME REQUIRED FOR SURGICAL CARE

Now I want you to estimate the time you normally spend on activities related to surgery (other than the time to do the surgery itself) when the patient is in the hospital.

TIME IN MINUTES

B1. Let's use a tonsillectomy and adenoidectomy in 10 year old child as an example.

On average, how many minutes would you spend on (READ B1a).... (How about (READ B1b)?)

B1a. the hospital admission workup and hospital visits before the operation? ____________

B1b. dressing, scrubbing, and waiting before the operation? ____________

B1c. providing immediate postoperative care, including dictating operative notes, talking with the family and other physicians, writing orders, and checking in on the patient in the recovery room? ____________

B1d. additional post-operative follow-up the day of the surgery? ____________

B1e. On average, how many days do you see the patient in the hospital after the day of surgery for tonsillectomy and adenoidectomy? ____________ (DAYS)

☐ NONE (SKIP TO B2)

B1f. On each of those days after surgery, how many minutes do you spend, on average, seeing the patient? ____________ (MINUTES)

B2. Now let's use a closed reduction of nasal fracture, with stabilization, post trauma in a 20 year old male as an example.

On average, how many minutes would you spend on (READ B1a).... (How about (READ B1b)?)

B2a. the hospital admission workup and hospital visits before the operation? ____________

B2b. dressing, scrubbing, and waiting before the operation? ____________

B2c. providing immediate postoperative care, including dictating operative notes, talking with the family and other physicians, writing orders, and checking in on the patient in the recovery room? ____________

B2d. additional post-operative follow-up the day of the surgery? ____________

B2e. On average, how many days do you see the patient in the hospital after the day of surgery for a closed reduction of nasal fracture? ____________ (DAYS)

☐ NONE (SKIP TO B3)

B2f. On each of those days after surgery, how many minutes do you spend, on average, seeing the patient? ____________ (MINUTES)

B3. As a final example, use a parotidectomy, lateral lobe, with dissection and preservation of facial nerve, for parotid tumor in adult patient.

On average, how many minutes would you spend on (READ B1a).... (How about (READ B1b)?)

B3a. the hospital admission workup and hospital visits before the operation? ____________

B3b. dressing, scrubbing, and waiting before the operation? ____________

B3c. providing immediate postoperative care, including dictating operative notes, talking with the family and other physicians, writing orders, and checking in on the patient in the recovery room? ____________

B3d. additional post-operative follow-up the day of the surgery? ____________

B3e. On average, how many days do you see the patient in the hospital after the day of surgery for a parotidectomy? ____________ (DAYS)

[ ] NONE (SKIP TO C)

B3f. On each of those days after surgery, how many minutes do you spend, on average, seeing the patient? ____________ (MINUTES)

C. MAGNITUDE ESTIMATION: WORK (1)

Next let's talk about how much work is involved in various procedures you perform within your specialty. The packet we sent to you discussed the method we would like you to use for comparing the procedures. If you have the packet handy, it would be helpful for you to look at a description of the magnitude estimation method as I review it briefly.

The standard for all the ratings will be a tonsillectomy and adenoidectomy in 10 year old child. Call this 100. Now with the standard as 100, compare it to each of the other procedures as I read them to you. If the procedure or service I mention is twice as difficult, then your answer would be 200. A procedure half as difficult would be 50, five times as difficult would be 500 and so on.

I am going to ask you to compare each of the procedures to the standard on each of the five dimensions listed at the bottom of the Procedures and Services page. The first dimension is an overall rating of the total amount of work, that is the total time and effort the procedure requires. This is an overall rating that includes the time it takes to complete the procedure and the three components that reflect its complexity -- technical skill and physical effort, mental effort and judgement, and concern about iatrogenic risk. After we complete the ratings of total work, we will ask you to individually rate each of the other dimensions listed and to provide a summary rating of each procedure's complexity.

In all cases, we want you to try to respond in terms of the average or typical patient requiring the procedure or service.

Do you have any questions about the way I want you to compare the procedures, or what we mean by work?

O.k. let's start.

If a tonsillectomy and adenoidectomy in 10 year old child has a rating of 100, what number would you assign to the total amount of work involved in (the/a/an) (READ EACH)......

NUMBER

C1a. Laryngectomy, with radical neck dissection for cancer in 65 year old male. ________

INTERVIEWER CHECK: So this procedure requires about _____ total amount of work as the standard?

C2b. Office visit, sore throat, fever, and fatigue in 19 year old college student, established patient. ________

INTERVIEWER CHECK: So this procedure requires about _____ total amount of work as the standard?

C3c. Initial office evaluation for gradual hearing loss in 58 year old male, history and physical, evaluation with interpretation of complete audiogram, air bone conduction reflexes, speech reception thresholds and discrimination. ________

C4d. Bilateral tympanostomy with tube insertion for recurrent otitis in 2 year old, general anesthesia. ________

C5e. Diagnostic fiberoptic bronchoscopy in patient with suspected bronchopulmonary lesion. ________

C6f. Septorhinoplasty, primary rhinoplasty with major septal repair, 25 year old male. ________

C7g. Direct laryngoscopy with biopsy for suspected carcinoma in 50 year old male, general anesthesia. ________

C8h. Tympanoplasty with mastoidectomy for cholesteatoma in adult. ________

C9i. Evaluation of recurrent dizziness and vertigo in 48 year old female, including history and physical, new patient, lab tests not included. ________

C10j. Interpretation of audiometry, basic, comprehensive. ________

C11k. Interpretation of spontaneous nystagmus test, with recording --ENG. ________

INTERVIEWER CHECK: So this procedure requires about _____ total amount of work as the standard?

C12l. Parotidectomy, lateral lobe, with dissection and preservation of facial nerve, for parotid tumor in adult patient. ________

C13m. Tracheostomy, emergency procedure, transtracheal, in adult, for partial airway obstruction post trauma. ________

C14n. Evaluation of hoarseness and dysphagia in 65 year old male including history and physical. ________

C15o. Uvulopalatal pharyngoplasty (UPP) for upper airway obstruction. ________

C16p. Cochlear implant in child with bilateral sensorineural hearing loss. ________

C17q. Acoustic neuroma resection in adult, translabyrinthine. ________

C18r. Closed reduction of nasal fracture, with stabilization, post trauma in 20 year old male. ________

C19s. Rhinoplasty evaluation, 25 year old female, including history, physical and prolonged counseling, new patient. ________

C20t. Unilateral Caldwell-luc procedure for maxillary sinus disease, with polyp removal. ________

C21u. Removal of foreign body from ear canal without general anesthesia. ________

D. MAGNITUDE ESTIMATION (2):
LEVEL OF TECHNICAL SKILL AND PHYSICAL EFFORT

Now we want you to rate the same procedures with respect to the level of technical skill and physical effort, including the manual skill and dexterity they require.

If a tonsillectomy and adenoidectomy in 10 year old child has a rating of 100, what number would you assign the technical skill and physical effort required to do (the/a/an)....... (READ EACH)

NUMBER

D1a. Laryngectomy, with radical neck dissection for cancer in 65 year old male. ________

INTERVIEWER CHECK: So this procedure requires about _____ technical skill and physical effort as the standard?

D2b. Office visit, sore throat, fever, and fatigue in 19 year old college student, established patient. ________

INTERVIEWER CHECK: So this procedure requires about _____ technical skill and physical effort as the standard?

D3c. Initial office evaluation for gradual hearing loss in 58 year old male, history and physical, evaluation with interpretation of complete audiogram, air bone conduction reflexes, speech reception thresholds and discrimination. ________

D4d. Bilateral tympanostomy with tube insertion for recurrent otitis in 2 year old, general anesthesia. ________

D5e. Diagnostic fiberoptic bronchoscopy in patient with suspected bronchopulmonary lesion. ________

D6f. Septorhinoplasty, primary rhinoplasty with major septal repair, 25 year old male. ________

D7g. Direct laryngoscopy with biopsy for suspected carcinoma in 50 year old male, general anesthesia. ________

D8h. Tympanoplasty with mastoidectomy for cholesteatoma in adult. ________

D9i. Evaluation of recurrent dizziness and vertigo in 48 year old female, including history and physical, new patient, lab tests not included. ________

D10j. Interpretation of audiometry, basic, comprehensive. ________

D11k. Interpretation of spontaneous nystagmus test, with recording --ENG. ________

INTERVIEWER CHECK: So this procedure requires about _____ technical skill and physical effort as the standard?

D12l. Parotidectomy, lateral lobe, with dissection and preservation of facial nerve, for parotid tumor in adult patient. ________

D13m. Tracheostomy, emergency procedure, transtracheal, in adult, for partial airway obstruction post trauma. ________

D14n. Evaluation of hoarseness and dysphagia in 65 year old male including history and physical. ________

D15o. Uvulopalatal pharyngoplasty (UPP) for upper airway obstruction. ________

D16p. Cochlear implant in child with bilateral sensorineural hearing loss. ________

D17q. Acoustic neuroma resection in adult, translabyrinthine. ________

D18r. Closed reduction of nasal fracture, with stabilization, post trauma in 20 year old male. ________

D19s. Rhinoplasty evaluation, 25 year old female, including history, physical and prolonged counseling, new patient. ________

D20t. Unilateral Caldwell-luc procedure for maxillary sinus disease, with polyp removal. ________

D21u. Removal of foreign body from ear canal without general anesthesia. ________

E. MAGNITUDE ESTIMATION: LEVEL OF MENTAL EFFORT (3)

Now we want you to rate the same procedures with respect to level of mental effort and judgment they require.

If a tonsillectomy and adenoidectomy in 10 year old child has a rating of 100, what number would you assign to the level of mental effort and judgment required to do (the/a/an)...... (READ EACH)

		NUMBER
E1a.	Laryngectomy, with radical neck dissection for cancer in 65 year old male. INTERVIEWER CHECK: So this procedure requires about _____ mental effort and judgment as the standard?	________
E2b.	Office visit, sore throat, fever, and fatigue in 19 year old college student, established patient. INTERVIEWER CHECK: So this procedure requires about _____ mental effort and judgment as the standard?	________
E3c.	Initial office evaluation for gradual hearing loss in 58 year old male, history and physical, evaluation with interpretation of complete audiogram, air bone conduction reflexes, speech reception thresholds and discrimination.	________
E4d.	Bilateral tympanostomy with tube insertion for recurrent otitis in 2 year old, general anesthesia.	________
E5e.	Diagnostic fiberoptic bronchoscopy in patient with suspected bronchopulmonary lesion.	________
E6f.	Septorhinoplasty, primary rhinoplasty with major septal repair, 25 year old male.	________
E7g.	Direct laryngoscopy with biopsy for suspected carcinoma in 50 year old male, general anesthesia.	________
E8h.	Tympanoplasty with mastoidectomy for cholesteatoma in adult.	________

E9i. Evaluation of recurrent dizziness and vertigo in 48 year old female, including history and physical, new patient, lab tests not included. ________

E10j. Interpretation of audiometry, basic, comprehensive. ________

E11k. Interpretation of spontaneous nystagmus test, with recording --ENG. ________

INTERVIEWER CHECK: So this procedure requires about _____ mental effort and judgment as the standard?

E12l. Parotidectomy, lateral lobe, with dissection and preservation of facial nerve, for parotid tumor in adult patient. ________

E13m. Tracheostomy, emergency procedure, transtracheal, in adult, for partial airway obstruction post trauma. ________

E14n. Evaluation of hoarseness and dysphagia in 65 year old male including history and physical. ________

E15o. Uvulopalatal pharyngoplasty (UPP) for upper airway obstruction. ________

E16p. Cochlear implant in child with bilateral sensorineural hearing loss. ________

E17q. Acoustic neuroma resection in adult, translabyrinthine. ________

E18r. Closed reduction of nasal fracture, with stabilization, post trauma in 20 year old male. ________

E19s. Rhinoplasty evaluation, 25 year old female, including history, physical and prolonged counseling, new patient. ________

E20t. Unilateral Caldwell-luc procedure for maxillary sinus disease, with polyp removal. ________

E21u. Removal of foreign body from ear canal without general anesthesia. ________

F. MAGNITUDE ESTIMATION: IATROGENIC RISK (4)

Now we want you to rate the same procedures with respect to the risk of iatrogenic harm or complications for the patient. This may include the risk associated with mis-diagnosis. Consider in your rating the stress on a physician due to concern about these risks.

If a tonsillectomy and adenoidectomy in 10 year old child has a rating of 100, what number would you assign to the iatrogenic risk when doing (the/a/an)..... (READ EACH)

NUMBER

F1a. Laryngectomy, with radical neck dissection for cancer in 65 year old male. ________

INTERVIEWER CHECK: So this procedure involves about _____ iatrogenic risk as the standard?

F2b. Office visit, sore throat, fever, and fatigue in 19 year old college student, established patient. ________

INTERVIEWER CHECK: So this procedure involves about _____ iatrogenic risk as the standard?

F3c. Initial office evaluation for gradual hearing loss in 58 year old male, history and physical, evaluation with interpretation of complete audiogram, air bone conduction reflexes, speech reception thresholds and discrimination. ________

F4d. Bilateral tympanostomy with tube insertion for recurrent otitis in 2 year old, general anesthesia. ________

F5e. Diagnostic fiberoptic bronchoscopy in patient with suspected bronchopulmonary lesion. ________

F6f. Septorhinoplasty, primary rhinoplasty with major septal repair, 25 year old male. ________

F7g. Direct laryngoscopy with biopsy for suspected carcinoma in 50 year old male, general anesthesia. ________

F8h. Tympanoplasty with mastoidectomy for cholesteatoma in adult. ________

F9i. Evaluation of recurrent dizziness and vertigo in 48 year old female, including history and physical, new patient, lab tests not included. ________

F10j. Interpretation of audiometry, basic, comprehensive. ________

F11k. Interpretation of spontaneous nystagmus test, with recording --ENG. ________

INTERVIEWER CHECK: So this procedure involves about _____ iatrogenic risk as the standard?

F12l. Parotidectomy, lateral lobe, with dissection and preservation of facial nerve, for parotid tumor in adult patient. ________

F13m. Tracheostomy, emergency procedure, transtracheal, in adult, for partial airway obstruction post trauma. ________

F14n. Evaluation of hoarseness and dysphagia in 65 year old male including history and physical. ________

F15o. Uvulopalatal pharyngoplasty (UPP) for upper airway obstruction. ________

F16p. Cochlear implant in child with bilateral sensorineural hearing loss. ________

F17q. Acoustic neuroma resection in adult, translabyrinthine. ________

F18r. Closed reduction of nasal fracture, with stabilization, post trauma in 20 year old male. ________

FC19s. Rhinoplasty evaluation, 25 year old female, including history, physical and prolonged counseling, new patient. ________

F20t. Unilateral Caldwell-luc procedure for maxillary sinus disease, with polyp removal. ________

F21u. Removal of foreign body from ear canal without general anesthesia. ________

G. MAGNITUDE ESTIMATION: COMPLEXITY (5)

Now we want you to provide a summary rating of the complexity of these same procedures. In making this summary rating, we want you to consider each of the other three components listed - that is technical skill and physical effort, mental effort and judgment, and concern about iatrogenic risk, regardless of the time a procedure or service takes to do.

If a tonsillectomy and adenoidectomy in 10 year old child has a rating of 100, what number would you give the complexity of (the/a/an) (READ EACH)....

G1a. Laryngectomy, with radical neck dissection for cancer in 65 year old male. ________

INTERVIEWER CHECK: So this procedure is about _____ as complex as the standard?

G2b. Office visit, sore throat, fever, and fatigue in 19 year old college student, established patient. ________

INTERVIEWER CHECK: So this procedure is about _____ as complex as the standard?

G3c. Initial office evaluation for gradual hearing loss in 58 year old male, history and physical, evaluation with interpretation of complete audiogram, air bone conduction reflexes, speech reception thresholds and discrimination. ________

G4d. Bilateral tympanostomy with tube insertion for recurrent otitis in 2 year old, general anesthesia. ________

G5e. Diagnostic fiberoptic bronchoscopy in patient with suspected bronchopulmonary lesion. ________

G6f. Septorhinoplasty, primary rhinoplasty with major septal repair, 25 year old male. ________

G7g. Direct laryngoscopy with biopsy for suspected carcinoma in 50 year old male, general anesthesia. ________

G8h. Tympanoplasty with mastoidectomy for cholesteatoma in adult. ________

G9i. Evaluation of recurrent dizziness and vertigo in 48 year old female, including history and physical, new patient, lab tests not included. ________

G10j. Interpretation of audiometry, basic, comprehensive. ________

G11k. Interpretation of spontaneous nystagmus test, with recording --ENG. ________

INTERVIEWER CHECK: So this procedure is about _____ as complex as the standard?

G12l. Parotidectomy, lateral lobe, with dissection and preservation of facial nerve, for parotid tumor in adult patient. ________

G13m. Tracheostomy, emergency procedure, transtracheal, in adult, for partial airway obstruction post trauma. ________

G14n. Evaluation of hoarseness and dysphagia in 65 year old male including history and physical. ________

G15o. Uvulopalatal pharyngoplasty (UPP) for upper airway obstruction. ________

G16p. Cochlear implant in child with bilateral sensorineural hearing loss. ________

G17q. Acoustic neuroma resection in adult, translabyrinthine. ________

G18r. Closed reduction of nasal fracture, with stabilization, post trauma in 20 year old male. ________

G19s. Rhinoplasty evaluation, 25 year old female, including history, physical and prolonged counseling, new patient. ________

G20t. Unilateral Caldwell-luc procedure for maxillary sinus disease, with polyp removal. ________

G21u. Removal of foreign body from ear canal without general anesthesia. ________

H. DEMOGRAPHIC DATA

Finally, I'd like to get some background information on you and your medical practice. I would like to remind you that all answers are confidential, and no individuals will be identified in any report.

H1. In your main medical practice, are you the owner of your own practice (full or part owner), are you employed by another physician or group of physicians, or are you an employee of some other kind of organization?

1 ☐ OWNER

2 ☐ EMPLOYED BY OTHER PHYSICIAN OR GROUP

3 ☐ OTHER ORGANIZATION (SKIP TO H3)

H2. Including yourself, how many other physicians are associated with your practice for at least 20 hours a week?

______________ PHYSICIANS (SKIP TO H4)

H3. In what kind of organization are you employed in your main medical practice - a hospital, an HMO, or some other kind of organization? (What kind of organization?)

1 ☐ HOSPITAL

2 ☐ HMO

3 ☐ OTHER (SPECIFY) ______________________________

____

____

H4. Do you receive the majority of your compensation for practicing medicine from fee for service, from salary, or from some other arrangement?

1 ☐ FEE FOR SERVICE (SKIP TO H6)

2 ☐ SALARY

(SKIP TO H8)

3 ☐ OTHER

H5. (OMITTED)

H6. Do you or your practice have a contract with a preferred provider organization, or PPO?
[PROBE: A preferred provider organization or PPO markets the services of a select panel of health care providers for a discounted charge. The patients pay for services on a previously negotiated predominated fee-for-service basis. Also, patients have an economic incentive to use the panel rather than other health care providers.]
NOTE: A PPO IS NOT AN HMO.

1 [ ] YES

2 [ ] NO

H7. Are you or is your practice a member of an individual practice arrangement or IPA?
[PROBE: Under an IPA plan, a physician's practice would contract with an HMO to treat HMO patients on a fee-for-service basis.]

1 [ ] YES

2 [ ] NO

H8. Does the hospital where you perform most of your hospital work have a resident training program or not?

1 [ ] YES

2 [ ] NO (SKIP TO H11)

3 [ ] INAP, DOES NOT PROVIDE CARE IN ANY HOSPITAL
(SKIP TO H12)

H9. Does that hospital have a resident training program in your specialty?

1 [ ] YES

2 [ ] NO

H10. Counting residents in all specialties, would you say that hospital has more or less than 50 residents in training?

1 [ ] MORE THAN 50

2 [ ] LESS THAN 50

H11. How many beds does that hospital have - fewer than 100, 100 to 300, 300 to 500, or over 500?

1 [ ] FEWER THAN 100

2 [ ] 100 TO 300

1 [ ] 300 TO 500

2 [ ] OVER 500

H12. In what year did you graduate from medical school?

____________ YEAR

H13. Are you board certified?

1 [ ] YES

2 [ ] NO (SKIP TO H14)

H13a. In what specialty are you certified?

____

____

H14. Do you or your practice accept assignment from Medicare patients for your services?

1 [ ] YES

2 [ ] NO

H15. Do you or your practice accept patients whose primary medical coverage is your state's Medicaid program?

1 [ ] YES

2 [ ] NO

H16. We need to get a general idea of your income, because that's a variable that may be related to how procedures are rated. We just need your answer in a large range. During 1986, about how much was your own income from your medical practice after expenses but before taxes. Please include fees, salaries, retainers and other forms of compensation.

Was it less than $100,000, 100,000 to $200,000, or over $200,000?

1 ☐ UNDER $100,000

Was it more or less than $70,000?

☐ UNDER $70,000
☐ OVER $70,000

2 ☐ $100,000 TO $200,000

Was it less than $125,000, $125,000 to $150,000, or over $150,000?

☐ LESS THAN $125,000
☐ $125,000 TO $150,000
☐ OVER $150,000

3 ☐ OVER $200,000

Was it more or less than $250,000?

☐ UNDER $250,000
☐ OVER $250,000

H17. Last, had you heard about this study before we contacted you about this interview?

1 ☐ YES

2 ☐ NO (THANK R AND CONCLUDE INTERVIEW)

H18. From what source was that?

____

Thank you for your time and help in answering these questions.

TIME NOW: ____________

INTERVIEWER COMMENTS

Appendix I

COVERSHEET NUMBER ________

INTERVIEWER ____________________

INTERVIEWER ID #______________

FOR OFFICE USE

NATIONAL PHYSICIANS SURVEY

(PATHOLOGY)

Center for Survey Research
University of Massachusetts-Boston

and

Harvard School of Public Health

February/March, 1987

PATH

Appendix I

Before we start, let me tell you a few things about this survey. The Center for Survey Research at the University of Massachusetts is conducting interviews for the Harvard School of Public Health. The sponsor of the project is the Health Care Financing Administration. We are interested in the complexity and time involved in certain medical procedures and services. You will be asked about procedures which are common in your specialty. Data collected in this study may be used in physician reimbursement policy.

Your answers are completely confidential and will never be used in any way that could link them to you. They will be combined with other answers for statistical analysis.

Do you have any questions before we start?

Appendix I

TIME NOW: ____________

A. PROCEDURE OR SERVICE TIME

First, I'd like you to tell me how many minutes it usually takes you to complete each of the set of procedures. The list was in the packet of information you received in the mail.

AA. Do you have the list in front of you?

1 [ ] YES

2 [ ] NO

* * * * * *

In this section, we only want you to count the time it takes for you to do the procedure itself on the average patient; do not count time you spend either before or after the service described. Assume that the procedures and services include dictation during gross and microscopic examination when appropriate, but not before or after.

On average, how long does it take to do (the/a/an) (READ EACH).....

MINUTES

A1. Examination of a gall bladder removed for cholelithiasis. ________

A1a. Examination of a total laryngectomy with bilateral neck dissection for squamous cell carcinoma of the larynx, post irradiation. ________

A2b. Examination of two segments of vas deferentia from a vasectomy to induce sterility. ________

A3c. Examination of a frozen section on breast biopsy, 2-3 centimeter specimen, in a 34 year old woman, frozen section diagnosis equals tubular carcinoma. ________

A4d. Flow cytometric DNA analysis. ________

A5e. Examination of an acid fast stained slide of a necrotizing granulomatous lesion of lymph node. ________

A6f. Interpretation of serum immunoelectrophoresis. ________

A7g. Cytologic examination of a bronchial aspirate. ________

A8h. Interpretation of a peripheral blood smear showing atypical lymphocytes. ________

A9i. Examination of a posterior cervical lymph node biopsy in a 46 year old man with splenomegaly, anemia and adenopathy. ________

A10j. Interpretation of fine needle aspirate of the prostate, 10 smears. ________

A11k. Consultation in an intrapartum bleeding diathesis. ________

A12l. Examination of multiple endoscopically removed biopsies received in a single container from a patient with long standing ulcerative colitis. ________

A13m. Examination of a hysterectomy and salpingo-oophorectomy in a 57 year old woman with vaginal bleeding and a slowly enlarging uterus and a 5 centimeter soft intramural nodule. ________

A14n. Consultation for a transfusion reaction in a patient with abrupt onset of fever and back pain. ________

A15o. Examination of a changing melanocytic lesion in a 26 year old woman. ________

A16p. Interpretation of L/S ratio for fetal maturity. ________

A17q. Examination of D&C for bleeding in a postmenopausal woman. ________

A18r. Clinical pathology consultation, limited - crystal analysis of synovial fluid from the knee. ________

B. TIME REQUIRED

We also would like an estimate of the time you spend, on average, before and after you provide these procedures or services.

B1. For example, when you do **pathologic gross and microscopic examination of D&C for bleeding in a postmenopausal woman**, how many minutes, on average, is needed before hand for preparation, including reviewing records and communicating with other physicians?

__________ MINUTES

B1a. For the same service, how many minutes on average is needed after you finish for arranging for further lab studies, consultations, x-rays or other tests, reviewing results of studies, and further communications with other physicians, including written and telephone reports?

__________ MINUTES

B2. When you do **interpretation of serum immunoelectrophoresis**, how many minutes, on average, is needed beforehand for preparation, including reviewing records and communicating with other physicians?

__________ MINUTES

B2a. For the same service, how many minutes on average is needed, after you finish for arranging for further lab studies, consultations, x-rays or other tests, reviewing results of studies, and further communications with other physicians, including written and telephone reports?

__________ MINUTES

B3. When you do pathologic gross and microscopic examination of a changing melanocytic lesion in a 26 year old woman, how many minutes, on average, is needed beforehand for preparation, including reviewing records and communicating with other physicians?

___________ MINUTES

B3a. For the same service, how many minutes on average is needed after you finish for arranging for further lab studies, consultations, x-rays or other tests, reviewing results of studies, and further communications with other physicians, including written and telephone reports?

___________ MINUTES

C. MAGNITUDE ESTIMATION: WORK (1)

Next let's talk about how much work is involved in various procedures you perform within your specialty. The packet we sent to you discussed the method we would like you to use for comparing the procedures. If you have the packet handy, it would be helpful for you to look at a description of the magnitude estimation method as I review it briefly.

The standard for all the ratings will be an examination of a gall bladder removed for cholelithiasis. Call this 100. Now with the standard as 100, compare it to each of the other procedures as I read them to you. If the procedure or service I mention is twice as difficult, then your answer would be 200. A procedure half as difficult would be 50, five times as difficult would be 500 and so on.

I am going to ask you to compare each of the procedures to the standard on each of the five dimensions listed at the bottom of the Procedures and Services page. The first dimension is an overall rating of the total amount of work, that is the total time and effort the procedure requires. This is an overall rating that includes the time it takes to complete the procedure and the three components that reflect its complexity -- technical skill and physical effort, mental effort and judgement, and concern about iatrogenic risk. After we complete the ratings of total work, we will ask you to individually rate each of the other dimensions listed and to provide a summary rating of each procedure's complexity.

In all cases, we want you to try to respond in terms of the average or typical procedure or service.

Do you have any questions about the way I want you to compare the procedures, or what we mean by work?

O.k. let's start.

If an examination of a gall bladder removed for cholelithiasis has a rating of 100, what number would you assign to the total amount of work involved in (the/a/an) (READ EACH)......

NUMBER

C1a. Examination of a total laryngectomy with bilateral neck dissection for squamous cell carcinoma of the larynx, post irradiation. ________

INTERVIEWER CHECK: So this procedure requires about _____ total amount of work as the standard?

C2b. Examination of two segments of vas deferentia from a vasectomy to induce sterility. ________

INTERVIEWER CHECK: So this procedure requires about _____ total amount of work as the standard?

C3c. Examination of a frozen section on breast biopsy, 2-3 centimeter specimen, in a 34 year old woman, frozen section diagnosis equals tubular carcinoma. ________

C4d. Flow cytometric DNA analysis. ________

C5e. Examination of an acid fast stained slide of a necrotizing granulomatous lesion of lymph node. ________

C6f. Interpretation of serum immunoelectrophoresis. ________

C7g. Cytologic examination of a bronchial aspirate. ________

C8h. Interpretation of a peripheral blood smear showing atypical lymphocytes. ________

C9i. Examination of a posterior cervical lymph node biopsy in a 46 year old man with splenomegaly, anemia and adenopathy. ________

C10j. Interpretation of fine needle aspirate of the prostate, 10 smears. ________

C11k. Consultation in an intrapartum bleeding diathesis. ________

INTERVIEWER CHECK: So this procedure requires about _____ total amount of work as the standard?

C12l. Examination of multiple endoscopically removed biopsies received in a single container from a patient with long standing ulcerative colitis. ________

C13m. Examination of a hysterectomy and salpingo-oophorectomy in a 57 year old woman with vaginal bleeding and a slowly enlarging uterus and a 5 centimeter soft intramural nodule. ________

C14n. Consultation for a transfusion reaction in a patient with abrupt onset of fever and back pain. ________

C15o. Examination of a changing melanocytic lesion in a 26 year old woman. ________

C16p. Interpretation of L/S ratio for fetal maturity. ________

C17q. Examination of D&C for bleeding in a postmenopausal woman. ________

C18r. Clinical pathology consultation, limited - crystal analysis of synovial fluid from the knee. ________

D. MAGNITUDE ESTIMATION (2): LEVEL OF TECHNICAL SKILL AND PHYSICAL EFFORT

Now we want you to rate the same procedures with respect to the level of technical skill and physical effort, including the manual skill and dexterity they require.

If an examination of a gall bladder removed for cholelithiasis has a rating of 100, what number would you assign the technical skill and physical effort required to do (the/a/an)....... (READ EACH)

NUMBER

D1a. Examination of a total laryngectomy with bilateral neck dissection for squamous cell carcinoma of the larynx, post irradiation. ________

INTERVIEWER CHECK: So this procedure requires about _____ technical skill and physical effort as the standard?

D2b. Examination of two segments of vas deferentia from a vasectomy to induce sterility. ________

INTERVIEWER CHECK: So this procedure requires about _____ technical skill and physical effort as the standard?

D3c. Examination of a frozen section on breast biopsy, 2-3 centimeter specimen, in a 34 year old woman, frozen section diagnosis equals tubular carcinoma. ________

D4d. Flow cytometric DNA analysis. ________

D5e. Examination of an acid fast stained slide of a necrotizing granulomatous lesion of lymph node. ________

D6f. Interpretation of serum immunoelectrophoresis. ________

D7g. Cytologic examination of a bronchial aspirate. ________

D8h. Interpretation of a peripheral blood smear showing atypical lymphocytes. ________

D9i. Examination of a posterior cervical lymph node biopsy in a 46 year old man with splenomegaly, anemia and adenopathy. ________

D10j. Interpretation of fine needle aspirate of the prostate, 10 smears. ________

D11k. Consultation in an intrapartum bleeding diathesis. ________

INTERVIEWER CHECK: So this procedure requires about _____ technical skill and physical effort as the standard?

D12l. Examination of multiple endoscopically removed biopsies received in a single container from a patient with long standing ulcerative colitis. ________

D13m. Examination of a hysterectomy and salpingo-oophorectomy in a 57 year old woman with vaginal bleeding and a slowly enlarging uterus and a 5 centimeter soft intramural nodule. ________

D14n. Consultation for a transfusion reaction in a patient with abrupt onset of fever and back pain. ________

D15o. Examination of a changing melanocytic lesion in a 26 year old woman. ________

D16p. Interpretation of L/S ratio for fetal maturity. ________

D17q. Examination of D&C for bleeding in a postmenopausal woman. ________

D18r. Clinical pathology consultation, limited - crystal analysis of synovial fluid from the knee. ________

E. MAGNITUDE ESTIMATION: LEVEL OF MENTAL EFFORT (3)

Now we want you to rate the same procedures with respect to the level of mental effort and judgment they require.

If an examination of a gall bladder removed for cholelithiasis has a rating of 100, what number would you assign to the level of mental effort and judgment required to do (the/a/an).... (READ EACH)

NUMBER

E1a. Examination of a total laryngectomy with bilateral neck dissection for squamous cell carcinoma of the larynx, post irradiation. ________

INTERVIEWER CHECK: So this procedure requires about _____ mental effort and judgment as the standard?

E2b. Examination of two segments of vas deferentia from a vasectomy to induce sterility. ________

INTERVIEWER CHECK: So this procedure requires about _____ mental effort and judgment as the standard?

E3c. Examination of a frozen section on breast biopsy, 2-3 centimeter specimen, in a 34 year old woman, frozen section diagnosis equals tubular carcinoma. ________

E4d. Flow cytometric DNA analysis. ________

E5e. Examination of an acid fast stained slide of a necrotizing granulomatous lesion of lymph node. ________

E6f. Interpretation of serum immunoelectrophoresis. ________

E7g. Cytologic examination of a bronchial aspirate. ________

E8h. Interpretation of a peripheral blood smear showing atypical lymphocytes. ________

E9i. Examination of a posterior cervical lymph node biopsy in a 46 year old man with splenomegaly, anemia and adenopathy. ________

E10j. Interpretation of fine needle aspirate of the prostate, 10 smears. ________

E11k. Consultation in an intrapartum bleeding diathesis. ________

INTERVIEWER CHECK: So this procedure requires about _____ mental effort and judgment as the standard?

E12l. Examination of multiple endoscopically removed biopsies received in a single container from a patient with long standing ulcerative colitis. ________

E13m. Examination of a hysterectomy and salpingo-oophorectomy in a 57 year old woman with vaginal bleeding and a slowly enlarging uterus and a 5 centimeter soft intramural nodule. ________

E14n. Consultation for a transfusion reaction in a patient with abrupt onset of fever and back pain. ________

E15o. Examination of a changing melanocytic lesion in a 26 year old woman. ________

E16p. Interpretation of L/S ratio for fetal maturity. ________

E17q. Examination of D&C for bleeding in a postmenopausal woman. ________

E18r. Clinical pathology consultation, limited - crystal analysis of synovial fluid from the knee. ________

F. MAGNITUDE ESTIMATION: IATROGENIC RISK (4)

Now we want you to rate the same procedures with respect to the risk of **iatrogenic** harm or complications for the patient. This may include the risk associated with mis-diagnosis. Consider in your rating the stress on a physician due to concern about these risks.

If an examination of a gall bladder removed for cholelithiasis has a rating of 100, what number would you assign to the **iatrogenic risk** when doing (the/a/an)..... (READ EACH)

NUMBER

F1a. Examination of a total laryngectomy with bilateral neck dissection for squamous cell carcinoma of the larynx, post irradiation. ________

INTERVIEWER CHECK: So this procedure involves about _____ iatrogenic risk as the standard?

F2b. Examination of two segments of vas deferentia from a vasectomy to induce sterility. ________

INTERVIEWER CHECK: So this procedure involves about _____ iatrogenic risk as the standard?

F3c. Examination of a frozen section on breast biopsy, 2-3 centimeter specimen, in a 34 year old woman, frozen section diagnosis equals tubular carcinoma. ________

F4d. Flow cytometric DNA analysis. ________

F5e. Examination of an acid fast stained slide of a necrotizing granulomatous lesion of lymph node. ________

F6f. Interpretation of serum immunoelectrophoresis. ________

F7g. Cytologic examination of a bronchial aspirate. ________

F8h. Interpretation of a peripheral blood smear showing atypical lymphocytes. ________

F9i. Examination of a posterior cervical lymph node biopsy in a 46 year old man with splenomegaly, anemia and adenopathy. ________

F10j. Interpretation of fine needle aspirate of the prostate, 10 smears. ________

F11k. Consultation in an intrapartum bleeding diathesis. ________

INTERVIEWER CHECK: So this procedure involves about _____ iatrogenic risk as the standard?

F12l. Examination of multiple endoscopically removed biopsies received in a single container from a patient with long standing ulcerative colitis. ________

F13m. Examination of a hysterectomy and salpingo-oophorectomy in a 57 year old woman with vaginal bleeding and a slowly enlarging uterus and a 5 centimeter soft intramural nodule. ________

F14n. Consultation for a transfusion reaction in a patient with abrupt onset of fever and back pain. ________

F15o. Examination of a changing melanocytic lesion in a 26 year old woman. ________

F16p. Interpretation of L/S ratio for fetal maturity. ________

F17q. Examination of D&C for bleeding in a postmenopausal woman. ________

F18r. Clinical pathology consultation, limited - crystal analysis of synovial fluid from the knee. ________

G. MAGNITUDE ESTIMATION: COMPLEXITY (5)

Now we want you to provide a summary rating of the complexity of these same procedures. In making this summary rating, we want you to consider each of the other three components listed - that is technical skill and physical effort, mental effort and judgment, and concern about iatrogenic risk, regardless of the time a procedure or service takes to do.

If an examination of a gall bladder removed for cholelithiasis has a rating of 100, what number would you give the complexity of (the/a/an) (READ EACH)....

G1a. Examination of a total laryngectomy with bilateral neck dissection for squamous cell carcinoma of the larynx, post irradiation. ________

INTERVIEWER CHECK: So this procedure is about _____ as complex as the standard?

G2b. Examination of two segments of vas deferentia from a vasectomy to induce sterility. ________

INTERVIEWER CHECK: So this procedure is about _____ as complex as the standard?

G3c. Examination of a frozen section on breast biopsy, 2-3 centimeter specimen, in a 34 year old woman, frozen section diagnosis equals tubular carcinoma. ________

G4d. Flow cytometric DNA analysis. ________

G5e. Examination of an acid fast stained slide of a necrotizing granulomatous lesion of lymph node. ________

G6f. Interpretation of serum immunoelectrophoresis. ________

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G9i. Examination of a posterior cervical lymph node biopsy in a 46 year old man with splenomegaly, anemia and adenopathy. ________

G10j. Interpretation of fine needle aspirate of the prostate, 10 smears. ________

G11k. Consultation in an intrapartum bleeding diathesis. ________

INTERVIEWER CHECK: So this procedure is about _____ as complex as the standard?

G12l. Examination of multiple endoscopically removed biopsies received in a single container from a patient with long standing ulcerative colitis. ________

G13m. Examination of a hysterectomy and salpingo-oophorectomy in a 57 year old woman with vaginal bleeding and a slowly enlarging uterus and a 5 centimeter soft intramural nodule. ________

G14n. Consultation for a transfusion reaction in a patient with abrupt onset of fever and back pain. ________

G15o. Examination of a changing melanocytic lesion in a 26 year old woman. ________

G16p. Interpretation of L/S ratio for fetal maturity. ________

G17q. Examination of D&C for bleeding in a postmenopausal woman. ________

G18r. Clinical pathology consultation, limited - crystal analysis of synovial fluid from the knee. ________

H. DEMOGRAPHIC DATA

Finally, I'd like to get some background information on you and your medical practice. I would like to remind you that all answers are confidential, and no individuals will be identified in any report.

H1. In your main medical practice, are you the owner of your own practice (full or part owner), are you employed by another physician or group of physicians, or are you an employee of some other kind of organization?

1 ☐ OWNER

2 ☐ EMPLOYED BY OTHER PHYSICIAN OR GROUP

3 ☐ OTHER ORGANIZATION (SKIP TO H3)

H2. Including yourself, how many other physicians are associated with your practice for at least 20 hours a week?

_____________ PHYSICIANS (SKIP TO H4)

H3. In what kind of organization are you employed in your main medical practice - a hospital, an HMO, or some other kind of organization? (What kind of organization?)

1 ☐ HOSPITAL

2 ☐ HMO

3 ☐ OTHER (SPECIFY) ______________________________

____

____

H4. Do you receive the majority of your compensation for practicing medicine from fee for service, from salary, or from some other arrangement?

1 ☐ FEE FOR SERVICE (SKIP TO H6)

2 ☐ SALARY

(SKIP TO H8)

3 ☐ OTHER

H5. (OMITTED)

H6. Do you or your practice have a contract with a preferred provider organization, or PPO?
[PROBE: A preferred provider organization or PPO markets the services of a select panel of health care providers for a discounted charge. The patients pay for services on a previously negotiated predominated fee-for-service basis. Also, patients have an economic incentive to use the panel rather than other health care providers.]
NOTE: A PPO IS NOT AN HMO.

1 ☐ YES

2 ☐ NO

H7. Are you or is your practice a member of an individual practice arrangement or IPA?
[PROBE: Under an IPA plan, a physician's practice would contract with an HMO to treat HMO patients on a fee-for-service basis.]

1 ☐ YES

2 ☐ NO

H8. Does the hospital where you perform most of your hospital work have a resident training program or not?

1 ☐ YES

2 ☐ NO (SKIP TO H11)

3 ☐ INAP, DOES NOT PROVIDE CARE IN ANY HOSPITAL (SKIP TO H12)

H9. Does that hospital have a resident training program in your specialty?

1 ☐ YES

2 ☐ NO

H10. Counting residents in all specialties, would you say that hospital has more or less than 50 residents in training?

1 ☐ MORE THAN 50

2 ☐ LESS THAN 50

H11. How many beds does that hospital have - fewer than 100, 100 to 300 300 to 500, or over 500?

1 ☐ FEWER THAN 100

2 ☐ 100 TO 300

1 ☐ 300 TO 500

2 ☐ OVER 500

H12. In what year did you graduate from medical school?

____________ YEAR

H13. Are you board certified?

1 ☐ YES

2 ☐ NO (SKIP TO H14)

H13a. In what specialty are you certified?

____

____

H14. Do you or your practice accept assignment from Medicare patients for your services?

1 ☐ YES

2 ☐ NO

H15. Do you or your practice accept patients whose primary medical coverage is your state's Medicaid program?

1 ☐ YES

2 ☐ NO

H16. We need to get a general idea of your income, because that's a variable that may be related to how procedures are rated. We just need your answer in a large range. During 1986, about how much was your own income from your medical practice after expenses but before taxes. Please include fees, salaries, retainers and other forms of compensation.

Was it less than $100,000, 100,000 to $200,000, or over $200,000?

1 ☐ UNDER $100,000

Was it more or less than $70,000?

- ☐ UNDER $70,000
- ☐ OVER $70,000

2 ☐ $100,000 TO $200,000

Was it less than $125,000, $125,000 to $150,000, or over $150,000?

- ☐ LESS THAN $125,000
- ☐ $125,000 TO $150,000
- ☐ OVER $150,000

3 ☐ OVER $200,000

Was it more or less than $250,000?

- ☐ UNDER $250,000
- ☐ OVER $250,000

H17. Last, had you heard about this study before we contacted you about this interview?

1 ☐ YES

2 ☐ NO (THANK R AND CONCLUDE INTERVIEW)

H18. From what source was that?

____

Thank you for your time and help in answering these questions.

TIME NOW: ____________

Appendix I

INTERVIEWER COMMENTS

Appendix I

COVERSHEET NUMBER ________

INTERVIEWER ____________________

INTERVIEWR ID# __________

FOR OFFICE USE

NATIONAL PHYSICIANS SURVEY

(PEDIATRICS)

Center for Survey Research
University of Massachusetts-Boston

and

Harvard School of Public Health

February/March, 1987

PED

Appendix I

Before we start, let me tell you a few things about this survey. The Center for Survey Research at the University of Massachusetts is conducting interviews for the Harvard School of Public Health. The sponsor of the project is the Health Care Financing Administration. We are interested in the complexity and time involved in certain medical procedures and services. You will be asked about procedures which are common in your specialty. Data collected in this study may be used in physician reimbursement policy.

Your answers are completely confidential and will never be used in any way that could link them to you. They will be combined with other answers for statistical analysis.

Do you have any questions before we start?

Appendix I

TIME NOW: ____________

A. PROCEDURE OR SERVICE TIME

First, I'd like you to tell me how many minutes it usually takes you to complete each of the set of procedures. The list was in the packet of information you received in the mail.

AA. Do you have the list in front of you?

1 [ ] YES

2 [ ] NO

* * * * * *

In this section, we only want you to count the time it takes for you to do the procedure itself on the average patient; do not count time you spend either before or after the service described.

On average, how long does it take to do (the/a/an) (READ EACH).....

		MINUTES
A1.	An office visit, established patient, 6 year old child with sore throat and headache	________
A1a.	Attendance in delivery room with resuscitation of 2000 gram infant.	________
A2b.	Office evaluation of diaper dermatitis, established patient.	________
A3c.	Comprehensive well child visit at 6 months, established patient, AAP Guidelines.	________
A4d.	Comprehensive well child visit at 2 years, established patient, AAP Guidelines.	________
A5e.	Comprehensive well child visit at 5 years, new patient, AAP Guidelines.	________
A6f.	Comprehensive well child visit at 15 years, new patient, AAP Guidelines.	________
A7g.	Hospital admission for 18 month old child with 10% dehydration.	________
A8h.	Initial visit of adolescent female with abdominal pain, new patient.	________

A9i. Office evaluation of head trauma in pre-school child with episode of vomiting, established patient. ________

A10j. 2:00 A.M. phone call for crying child under 12 months. ________

A11k. Intubation of newborn. ________

A12l. Possibility of sexual abuse in 5 year old female, new patient. ________

A13m. Closed reduction of a subluxation of the head of the radius at the elbow in a 4 year old male, office setting. ________

A14n. Lumbar puncture of 5 year old for suspected meningitis. ________

A15o. Follow-up visit, for adolescent with behavior problem and difficult family, established patient. ________

A16p. Repair of 2 inch laceration of scalp, 14 year old male, office setting. ________

A17q. Urinalysis with microscopic exam in office lab under your supervision, excluding collection. ________

A18r. Office evaluation for possible purulent bacterial conjunctivitis with 1-2 day history of redness and discharge in 16 year old female, established patient. ________

A19s. Initial office visit - evaluation of child with chronic wheezing. ________

A20t. Phone call during office hours for child with rash on Amoxicillin. ________

A21u. Removal of foreign body from ear canal without general anesthesia. ________

B. TIME REQUIRED

We also would like an estimate of time you spend with the average patient before and after you provide a service for these procedures.

B1. For example, when you do a comprehensive well child visit at 5 years, new patient, AAP Guidelines, how many minutes, on average, is needed before hand for preparation for seeing the patient, including reviewing records and communicating with other physicians?

__________ MINUTES

B1a. For the same patient, how many minutes on average is needed after you finish seeing the patient for arranging for further lab studies, consultations, x-rays or other tests, reviewing results of studies, and further communications with the patient and other physicians, including written and telephone reports?

__________ MINUTES

B2. When you do a comprehensive well child visit at 6 months, established patient, AAP Guidelines, how many minutes, on average, is needed beforehand for preparation for seeing the patient, including reviewing records and communicating with other physicians?

__________ MINUTES

B2a. For the same patient, how many minutes on average is needed, after you finish seeing the patient for arranging for further lab studies, consultations, x-rays or other tests, reviewing results of studies, and further communications with the patient and other physicians, including written and telephone reports?

__________ MINUTES

B3. When you do a hospital admission for an 18 month old child with 10% dehydration, how many minutes, on average, is needed beforehand for preparation for seeing the patient, including reviewing records and communicating with other physicians?

__________ MINUTES

B3a. For the same patient, how many minutes on average is needed after you finish seeing the patient for arranging for further lab studies, consultations, x-rays or other tests, reviewing results of studies, and further communications with the patient and other physicians, including written and telephone reports?

__________ MINUTES

C. MAGNITUDE ESTIMATION: WORK (1)

Next let's talk about how much work is involved in various procedures you perform within your specialty. The packet we sent to you discussed the method we would like you to use for comparing the procedures. If you have the packet handy, it would be helpful for you to look at a description of the magnitude estimation method as I review it briefly.

The standard for all the ratings will be an office visit, established patient, 6 year old child with sore throat and headache. Call this 100. Now with the standard as 100, compare it to each of the other procedures as I read them to you. If the procedure or service I mention is twice as difficult, then your answer would be 200. A procedure half as difficult would be 50, five times as difficult would be 500 and so on.

I am going to ask you to compare each of the procedures to the standard on each of the five dimensions listed at the bottom of the Procedures and Services page. The first dimension is an overall rating of the total amount of work, that is the total time and effort the procedure requires. This is an overall rating that includes the time it takes to complete the procedure and the three components that reflect its complexity -- technical skill and physical effort, mental effort and judgement, and concern about iatrogenic risk. After we complete the ratings of total work, we will ask you to individually rate each of the other dimensions listed and to provide a summary rating of each procedure's complexity.

In all cases, we want you to try to respond in terms of the average or typical patient requiring the procedure or service.

Do you have any questions about the way I want you to compare the procedures, or what we mean by work?

O.k. let's start.

If an office visit, established patient, 6 year old child with sore throat and headache has a rating of 100, what number would you assign to the total amount of work involved in (the/a/an) (READ EACH)......

		NUMBER
C1a.	Attendance in delivery room with resuscitation of 2000 gram infant.	________
	INTERVIEWER CHECK: So this procedure requires about _____ total amount of work as the standard?	
C2b.	Office evaluation of diaper dermatitis, established patient.	________
	INTERVIEWER CHECK: So this procedure requires about _____ total amount of work as the standard?	

C3c. Comprehensive well child visit at 6 months, established patient, AAP Guidelines. ________

C4d. Comprehensive well child visit at 2 years, established patient, AAP Guidelines. ________

C5e. Comprehensive well child visit at 5 years, new patient, AAP Guidelines. ________

C6f. Comprehensive well child visit at 15 years, new patient, AAP Guidelines. ________

C7g. Hospital admission for 18 month old child with 10% dehydration. ________

C8h. Initial visit of adolescent female with abdominal pain, new patient. ________

C9i. Office evaluation of head trauma in pre-school child with episode of vomiting, established patient. ________

C10j. 2:00 A.M. phone call for crying child under 12 months. ________

C11k. Intubation of newborn. ________

INTERVIEWER CHECK: So this procedure requires about _____ total amount of work as the standard?

C12l. Possibility of sexual abuse in 5 year old female, new patient. ________

C13m. Closed reduction of a subluxation of the head of the radius at the elbow in a 4 year old male, office setting. ________

C14n. Lumbar puncture of 5 year old for suspected meningitis. ________

C15o. Follow-up visit, for adolescent with behavior problem and difficult family, established patient. ________

C16p. Repair of 2 inch laceration of scalp, 14 year old male, office setting. ________

C17q. Urinalysis with microscopic exam in office lab under your supervision, excluding collection. ________

C18r. Office evaluation for possible purulent bacterial conjunctivitis with 1-2 day history of redness and discharge in 16 year old female, established patient. ________

C19s. Initial office visit - evaluation of child with chronic wheezing. ________

C20t. Phone call during office hours for child with rash on Amoxicillin. ________

C21u. Removal of foreign body from ear canal without general anesthesia. ________

D. MAGNITUDE ESTIMATION (2): LEVEL OF TECHNICAL SKILL AND PHYSICAL EFFORT

Now we want you to rate the same procedures with respect to the level of *technical skill* and *physical effort*, including the manual skill and dexterity they require.

If an office visit, established patient, 6 year old child with sore throat and headache has a rating of 100, what number would you assign the technical skill and physical effort required to do (the/a/an)....... (READ EACH)

NUMBER

D1a. *Attendance in delivery room with resuscitation of* 2000 gram *infant.* ________

INTERVIEWER CHECK: So this procedure requires about _____ technical skill and physical effort as the standard?

D2b. *Office evaluation of diaper dermatitis, established patient.* ________

INTERVIEWER CHECK: So this procedure requires about _____ technical skill and physical effort as the standard?

D3c. Comprehensive *well child visit at 6 months, established patient*, AAP Guidelines. ________

D4d. Comprehensive *well child visit at 2 years, established patient*, AAP Guidelines. ________

D5e. Comprehensive *well child visit at 5 years, new patient*, AAP Guidelines. ________

D6f. Comprehensive *well child visit at 15 years, new patient*, AAP Guidelines. ________

D7g. *Hospital admission for 18 month old child with 10% dehydration.* ________

D8h. *Initial visit of adolescent female with abdominal pain, new patient.* ________

D9i. Office evaluation of head trauma in pre-school child with episode of vomiting, established patient. ________

D10j. 2:00 A.M. phone call for crying child under 12 months. ________

D11k. Intubation of newborn. ________

INTERVIEWER CHECK: So this procedure requires about _____ technical skill and physical effort as the standard?

D12l. Possibility of sexual abuse in 5 year old female, new patient. ________

D13m. Closed reduction of a subluxation of the head of the radius at the elbow in a 4 year old male, office setting. ________

D14n. Lumbar puncture of 5 year old for suspected meningitis. ________

D15o. Follow-up visit, for adolescent with behavior problem and difficult family, established patient. ________

D16p. Repair of 2 inch laceration of scalp, 14 year old male, office setting. ________

D17q. Urinalysis with microscopic exam in office lab under your supervision, excluding collection. ________

D18r. Office evaluation for possible purulent bacterial conjunctivitis with 1-2 day history of redness and discharge in 16 year old female, established patient. ________

D19s. Initial office visit - evaluation of child with chronic wheezing. ________

D20t. Phone call during office hours for child with rash on Amoxicillin. ________

D21u. Removal of foreign body from ear canal without general anesthesia. ________

E. MAGNITUDE ESTIMATION: LEVEL OF MENTAL EFFORT (3)

Now we want you to rate the same procedures with respect to the level of mental effort and judgment they require.

If an office visit, established patient, 6 year old child with sore throat and headache has a rating of 100, what number would you assign to the level of mental effort and judgment required to do (the/a/an).... (READ EACH)

NUMBER

E1a. Attendance in delivery room with resuscitation of 2000 gram infant. ________

INTERVIEWER CHECK: So this procedure requires about ______ mental effort and judgment as the standard?

E2b. Office evaluation of diaper dermatitis, established patient. ________

INTERVIEWER CHECK: So this procedure requires about ______ mental effort and judgment as the standard?

E3c. Comprehensive well child visit at 6 months, established patient, AAP Guidelines. ________

E4d. Comprehensive well child visit at 2 years, established patient, AAP Guidelines. ________

E5e. Comprehensive well child visit at 5 years, new patient, AAP Guidelines. ________

E6f. Comprehensive well child visit at 15 years, new patient, AAP Guidelines. ________

E7g. Hospital admission for 18 month old child with 10% dehydration. ________

E8h. Initial visit of adolescent female with abdominal pain, new patient. ________

E9i. Office evaluation of head trauma in pre-school child with episode of vomiting, established patient. ________

E10j. 2:00 A.M. phone call for crying child under 12 months. ________

E11k. Intubation of newborn. ________

INTERVIEWER CHECK: So this procedure requires about _____ mental effort and judgment as the standard?

E12l. Possibility of sexual abuse in 5 year old female, new patient. ________

E13m. Closed reduction of a subluxation of the head of the radius at the elbow in a 4 year old male, office setting. ________

E14n. Lumbar puncture of 5 year old for suspected meningitis. ________

E15o. Follow-up visit, for adolescent with behavior problem and difficult family, established patient. ________

E16p. Repair of 2 inch laceration of scalp, 14 year old male, office setting. ________

E17q. Urinalysis with microscopic exam in office lab under your supervision, excluding collection. ________

E18r. Office evaluation for possible purulent bacterial conjunctivitis with 1-2 day history of redness and discharge in 16 year old female, established patient. ________

E19s. Initial office visit - evaluation of child with chronic wheezing. ________

E20t. Phone call during office hours for child with rash on Amoxicillin. ________

E21u. Removal of foreign body from ear canal without general anesthesia. ________

F. MAGNITUDE ESTIMATION: IATROGENIC RISK (4)

Now we want you to rate the same procedures with respect to the risk of iatrogenic harm or complications for the patient. This may include the risk associated with mis-diagnosis. Consider in your rating the stress on a physician due to concern about these risks.

If an office visit, established patient, 6 year old child with sore throat and headache has a rating of 100, what number would you assign to the iatrogenic risk when doing (the/a/an)..... (READ EACH)

NUMBER

F1a. Attendance in delivery room with resuscitation of 2000 gram infant. ________

INTERVIEWER CHECK: So this procedure involves about _____ iatrogenic risk as the standard?

F2b. Office evaluation of diaper dermatitis, established patient. ________

INTERVIEWER CHECK: So this procedure involves about _____ iatrogenic risk as the standard?

F3c. Comprehensive well child visit at 6 months, established patient, AAP Guidelines. ________

F4d. Comprehensive well child visit at 2 years, established patient, AAP Guidelines. ________

F5e. Comprehensive well child visit at 5 years, new patient, AAP Guidelines. ________

F6f. Comprehensive well child visit at 15 years, new patient, AAP Guidelines. ________

F7g. Hospital admission for 18 month old child with 10% dehydration. ________

F8h. Initial visit of adolescent female with abdominal pain, new patient. ________

F9i. Office evaluation of head trauma in pre-school child with episode of vomiting, established patient. ________

F10j. 2:00 A.M. phone call for crying child under 12 months. ________

F11k. Intubation of newborn. ________

INTERVIEWER CHECK: So this procedure involves about _____ iatrogenic risk as the standard?

F12l. Possibility of sexual abuse in 5 year old female, new patient. ________

F13m. Closed reduction of a subluxation of the head of the radius at the elbow in a 4 year old male, office setting. ________

F14n. Lumbar puncture of 5 year old for suspected meningitis. ________

F15o. Follow-up visit, for adolescent with behavior problem and difficult family, established patient. ________

F16p. Repair of 2 inch laceration of scalp, 14 year old male, office setting. ________

F17q. Urinalysis with microscopic exam in office lab under your supervision, excluding collection. ________

F18r. Office evaluation for possible purulent bacterial conjunctivitis with 1-2 day history of redness and discharge in 16 year old female, established patient. ________

F19s. Initial office visit - evaluation of child with chronic wheezing. ________

F20t. Phone call during office hours for child with rash on Amoxicillin. ________

F21u. Removal of foreign body from ear canal without general anesthesia. ________

G. MAGNITUDE ESTIMATION: COMPLEXITY (5)

Now we want you to provide a summary rating of the complexity of these same procedures. In making this summary rating, we want you to consider each of the other three components listed - that is technical skill and physical effort, mental effort and judgment, and concern about iatrogenic risk, regardless of the time a procedure or service takes to do.

If an office visit, established patient, 6 year old child with sore throat and headache has a rating of 100, what number would you give the complexity of (the/a/an) (READ EACH)....

G1a. Attendance in delivery room with resuscitation of 2000 gram infant. ________

INTERVIEWER CHECK: So this procedure is about _____ as complex as the standard?

G2b. Office evaluation of diaper dermatitis, established patient. ________

INTERVIEWER CHECK: So this procedure is about _____ as complex as the standard?

G3c. Comprehensive well child visit at 6 months, established patient, AAP Guidelines. ________

G4d. Comprehensive well child visit at 2 years, established patient, AAP Guidelines. ________

G5e. Comprehensive well child visit at 5 years, new patient, AAP Guidelines. ________

G6f. Comprehensive well child visit at 15 years, new patient, AAP Guidelines. ________

G7g. Hospital admission for 18 month old child with 10% dehydration. ________

G8h. Initial visit of adolescent female with abdominal pain, new patient. ________

G9i. Office evaluation of head trauma in pre-school child with episode of vomiting, established patient. ________

G10j. 2:00 A.M. phone call for crying child under 12 months. ________

G11k. Intubation of newborn. ________

INTERVIEWER CHECK: So this procedure is about _____ as complex as the standard?

G12l. Possibility of sexual abuse in 5 year old female, new patient. ________

G13m. Closed reduction of a subluxation of the head of the radius at the elbow in a 4 year old male, office setting. ________

G14n. Lumbar puncture of 5 year old for suspected meningitis. ________

G15o. Follow-up visit, for adolescent with behavior problem and difficult family, established patient. ________

G16p. Repair of 2 inch laceration of scalp, 14 year old male, office setting. ________

G17q. Urinalysis with microscopic exam in office lab under your supervision, excluding collection. ________

G18r. Office evaluation for possible purulent bacterial conjunctivitis with 1-2 day history of redness and discharge in 16 year old female, established patient. ________

G19s. Initial office visit - evaluation of child with chronic wheezing. ________

G20t. Phone call during office hours for child with rash on Amoxicillin. ________

G21u. Removal of foreign body from ear canal without general anesthesia. ________

H. DEMOGRAPHIC DATA

Finally, I'd like to get some background information on you and your medical practice. I would like to remind you that all answers are confidential, and no individuals will be identified in any report.

H1. In your main medical practice, are you the owner of your own practice (full or part owner), are you employed by another physician or group of physicians, or are you an employee of some other kind of organization?

1 ☐ OWNER

2 ☐ EMPLOYED BY OTHER PHYSICIAN OR GROUP

3 ☐ OTHER ORGANIZATION (SKIP TO H3)

H2. Including yourself, how many other physicians are associated with your practice for at least 20 hours a week?

______________ PHYSICIANS (SKIP TO H4)

H3. In what kind of organization are you employed in your main medical practice - a hospital, an HMO, or some other kind of organization? (What kind of organization?)

1 ☐ HOSPITAL

2 ☐ HMO

3 ☐ OTHER (SPECIFY) ______________________________

____

____

H4. Do you receive the majority of your compensation for practicing medicine from fee for service, from salary, or from some other arrangement?

1 ☐ FEE FOR SERVICE (SKIP TO H6)

2 ☐ SALARY

(SKIP TO H8)

3 ☐ OTHER

H5. (OMITTED)

H6. Do you or your practice have a contract with a preferred provider organization, or PPO?
[PROBE: A preferred provider organization or PPO markets the services of a select panel of health care providers for a discounted charge. The patients pay for services on a previously negotiated predominated fee-for-service basis. Also, patients have an economic incentive to use the panel rather than other health care providers.]
NOTE: A PPO IS NOT AN HMO.

1 [ ] YES

2 [ ] NO

H7. Are you or is your practice a member of an individual practice arrangement or IPA?
[PROBE: Under an IPA plan, a physician's practice would contract with an HMO to treat HMO patients on a fee-for-service basis.]

1 [ ] YES

2 [ ] NO

H8. Does the hospital where you perform most of your hospital work have a resident training program or not?

1 [ ] YES

2 [ ] NO (SKIP TO H11)

3 [ ] INAP, DOES NOT PROVIDE CARE IN ANY HOSPITAL (SKIP TO H12)

H9. Does that hospital have a resident training program in your specialty?

1 [ ] YES

2 [ ] NO

H10. Counting residents in all specialties, would you say that hospital has more or less than 50 residents in training?

1 [ ] MORE THAN 50

2 [ ] LESS THAN 50

H11. How many beds does that hospital have - fewer than 100, 100 to 300, 300 to 500, or over 500?

1 [ ] FEWER THAN 100

2 [ ] 100 TO 300

1 [ ] 300 TO 500

2 [ ] OVER 500

H12. In what year did you graduate from medical school?

____________ YEAR

H13. Are you board certified?

1 [ ] YES

2 [ ] NO (SKIP TO H14)

H13a. In what specialty are you certified?

____

____

H14. OMITTED

H15. Do you or your practice accept patients whose primary medical coverage is your state's Medicaid program?

1 [ ] YES

2 [ ] NO

H16. We need to get a general idea of your income, because that's a variable that may be related to how procedures are rated. We just need your answer in a large range. During 1986, about how much was your own income from your medical practice after expenses but before taxes. Please include fees, salaries, retainers and other forms of compensation.

Was it less than $100,000, 100,000 to $200,000, or over $200,000?

1 ☐ UNDER $100,000

Was it more or less than $70,000?

☐ UNDER $70,000
☐ OVER $70,000

2 ☐ $100,000 TO $200,000

Was it less than $125,000, $125,000 to $150,000, or over $150,000?

☐ LESS THAN $125,000
☐ $125,000 TO $150,000
☐ OVER $150,000

3 ☐ OVER $200,000

Was it more or less than $250,000?

☐ UNDER $250,000
☐ OVER $250,000

H17. Last, had you heard about this study before we contacted you about this interview?

1 ☐ YES

2 ☐ NO (THANK R AND CONCLUDE INTERVIEW)

H18. From what source was that?

____

Thank you for your time and help in answering these questions.

TIME NOW: __________

INTERVIEWER ID# ____________

Appendix I

FOR OFFICE USE

NATIONAL PHYSICIANS SURVEY

(PSYCHIATRY)

Center for Survey Research
University of Massachusetts-Boston

and

Harvard School of Public Health

June, 1987

PSYCH

Appendix I

INTERVIEWER COMMENTS

Appendix I

Before we start, let me tell you a few things about this survey. The Center for Survey Research at the University of Massachusetts is conducting interviews for the Harvard School of Public Health. The sponsor of the project is the Health Care Financing Administration. We are interested in the complexity and time involved in certain medical procedures and services. You will be asked about procedures which are common in your specialty. Data collected in this study may be used in physician reimbursement policy.

Your answers are completely confidential and will never be used in any way that could link them to you. They will be combined with other answers for statistical analysis.

Do you have any questions before we start?

Appendix I

TIME NOW: ____________

A. PROCEDURE OR SERVICE TIME

First, I'd like you to tell me how many minutes it usually takes you to complete each of the set of procedures. The list was in the packet of information you received in the mail.

AA. Do you have the list in front of you?

1 [ ] YES

2 [ ] NO

* * * * * *

In this section, we only want you to count the time it takes for you to do the procedure itself on the average patient; do not count time you spend either before or after the service described, or do not count billing time, just count the actual amount of time you spend with the patient.

On average, how long does it take to do (the/a/an) (READ EACH).....

MINUTES

A1. A second office visit after a referral from an internist of a 25 year old male suffering from panic attacks. ____________

A1a. Emergency room evaluation and environmental intervention on behalf of 25 year old man who is hearing voices which tell him to kill his mother, brought to hospital by brother after attempt to stab his mother. Patient refuses admission to hospital. ____________

A2b. Telephone conversation with mildly retarded mother of 18 year old schizophrenic male on Thorazine and Cogentin with severe dystonic reaction. ____________

A3c. Follow-up psychotherapy office visit with 48 year old housewife for treatment of agoraphobia. ____________

A4d. Hospital consultation for psychiatric evaluation of a 68 year old cardiac surgical patient with severe post-op depression. ____________

A5e. Evaluation of records and reports of a 69 year old woman admitted to hospital for work-up of pre-syncopal episodes prior to arguments with her husband. The patient was seen by the psychiatric consultation team on 5 occasions during hospitalization. ____________

A6f. Supportive repeat hospital visit with long-term stabilized 42 year old male with chronic schizophrenia on anti-psychotic medication. __________

A7g. Office visit for termination of 66 year old business executive from twice weekly in-office psychotherapy sessions after three years of psychotherapy. Patient had initial complaint of marital problems and "ulcers". __________

A8h. Weekly medical psychotherapy and pharmacotherapy office visit for a 36 year old woman who emigrated from Russia leaving her family behind. She presented initially with daily headaches which recently have been relieved with anti-depressant medication. __________

A9i. Family psychotherapy session in hospital husband of 28 year old woman with bipolar illness who periodically refuses to take Lithium. She functions well when on Lithium. The only previous time she stopped taking Lithium she required hospitalization. __________

A10j. Multiple family group medical psychotherapy of families of inpatients on acute psychiatric care unit in a psychiatric hospital. __________

A11k. Group medical psychotherapy in-office, of six patients seen weekly by same psychiatrist in individual medical psychotherapy for treatment of depression. __________

A12l. Hospital emergency room evaluation of 78 year old woman who ingested alcohol and valium in an apparent suicide attempt. __________

A13m. Office visit for diagnostic interview and evaluation of 17 year old male with recent personality change involving irritability, sleeplessness, and hostility towards parents and friends. __________

A14n. Office consultation for psychiatric evaluation of 65 year old male with intellectual deterioration and behavior problems including verbal and physical abuse of co-workers. __________

A15o. Office visit for chemotherapy management of 44 year old male with bipolar depression. __________

A16p. Electroconvulsive therapy, single seizure, in 82 year old widowed male hospitalized with severe depression. Anesthesiologist present. __________

A17q. Evaluation of 24 year old man charged with murdering a shopkeeper with regard to his competency to stand trial. You will be called upon as an expert witness. ________

A18r. One supervisory conference with a team of nurses, social workers and mental health workers on an 8-bed acute inpatient psychiatric unit in a community hospital. ________

A19s. Office visit for diagnostic reevaluation of 68 year old female with chronic depression, unresponsive to treatment. ________

A20t. Office visit for family psychotherapy session with 38 year old father accused of incestuous relations with 12 year old daughter. ________

A21u. Office visit for individual psychoanalysis with a 42 year old surgeon with a passive-aggressive personality disorder - fifth visit. ________

A22v. Court-requested evaluation of juvenile who attempted to rape a 71 year old woman with regard to placement and recommended treatment. ________

A23w. Evaluation and level of care decision for 17 year old adolescent newly diagnosed schizophrenic with first psychiatric hospital admission. Patient has been hospitalized for 90 days with minimal functional improvement. ________

A24x. Preparation of report to Department of Mental Health halfway house coordinator of three week hospitalization of 13 year old boy with socialized, aggressive conduct disorder. Psychiatrist has special knowledge of this child having already worked with him. ________

B. TIME REQUIRED

We also would like an estimate of time you spend with the average patient before and after you provide a service for these procedures.

B1. For example, when you do an office visit for diagnostic interview and evaluation of 17 year old male with recent personality change involving irritability, sleeplessness, and hostility towards parents and friends, how many minutes, on average, is needed before hand for preparation for seeing the patient, including reviewing records and communicating with other physicians?

__________ MINUTES

B1a. For the same patient, how many minutes on average is needed after you finish seeing the patient for further communications with the patient and other physicians, including written and telephone reports?

__________ MINUTES

B2. When you do an office visit for termination of 66 year old business executive from twice weekly in-office psychotherapy sessions after three years of psychotherapy. Patient had initial complaint of marital problems and "ulcers", how many minutes, on average, is needed beforehand for preparation for seeing the patient, including reviewing records and communicating with other physicians?

__________ MINUTES

B2a. For the same patient, how many minutes on average is needed, after you finish seeing the patient for further communications with the patient and other physicians, including written and telephone reports?

__________ MINUTES

B3. When you do an office consultation for psychiatric evaluation of 65 year old male with intellectual deterioration and behavior problems including verbal and physical abuse of co-workers. how many minutes, on average, is needed beforehand for preparation for seeing the patient, including reviewing records and communicating with other physicians?

__________ MINUTES

B3a. For the same patient, how many minutes on average is needed after you finish seeing the patient for further communications with the patient and other physicians, including written and telephone reports?

__________ MINUTES

C. MAGNITUDE ESTIMATION: WORK (1)

Next let's talk about how much work is involved in various procedures you perform within your specialty. The packet we sent to you discussed the method we would like you to use for comparing the procedures. If you have the packet handy, it would be helpful for you to look at a description of the magnitude estimation method as I review it briefly.

The standard for all the ratings will be a second office visit after a referral from an internist of a 25 year old male suffering from panic attacks. Call this 100. Now with the standard as 100, compare it to each of the other procedures as I read them to you. If the procedure or service I mention is twice as difficult, then your answer would be 200. A procedure half as difficult would be 50, five times as difficult would be 500 and so on.

I am going to ask you to compare each of the procedures to the standard on each of the five dimensions listed at the bottom of the Procedures and Services page. The first dimension is an overall rating of the total amount of work, that is the total time and effort the procedure requires. This is an overall rating that includes the time it takes to complete the procedure and the three components that reflect its complexity -- technical skill and physical effort, mental effort and judgement, and concern about iatrogenic risk. After we complete the ratings of total work, we will ask you to individually rate each of the other dimensions listed and to provide a summary rating of each procedure's complexity.

In all cases, we want you to try to respond in terms of the average or typical patient requiring the procedure or service.

Do you have any questions about the way I want you to compare the procedures, or what we mean by work?

O.k. let's start.

If a second office visit after a referral from an internist of a 25 year old male suffering from panic attacks has a rating of 100, what number would you assign to the total amount of work involved in (the/a/an) (READ EACH)......

NUMBER

C1a. Emergency room evaluation and environmental intervention on behalf of 25 year old man who is hearing voices which tell him to kill his mother, brought to hospital by brother after attempt to stab his mother. Patient refuses admission to hospital. ________

INTERVIEWER CHECK: So this procedure requires about _____ total amount of work as the standard?

C2b. Telephone conversation with mildly retarded mother of 18 year old schizophrenic male on Thorazine and Cogentin with severe dystonic reaction. __________

INTERVIEWER CHECK: So this procedure requires about _____ total amount of work as the standard?

C3c. Follow-up psychotherapy office visit with 48 year old housewife for treatment of agoraphobia. __________

C4d. Hospital consultation for psychiatric evaluation of a 68 year old cardiac surgical patient with severe post-op depression. __________

C5e. Evaluation of records and reports of a 69 year old woman admitted to hospital for work-up of pre-syncopal episodes prior to arguments with her husband. The patient was seen by the psychiatric consultation team on 5 occasions during hospitalization. __________

C6f. Supportive repeat hospital visit with long-term stabilized 42 year old male with chronic schizophrenia on anti-psychotic medication. __________

C7g. Office visit for termination of 66 year old business executive from twice weekly in-office psychotherapy sessions after three years of psychotherapy. Patient had initial complaint of marital problems and "ulcers". __________

C8h. Weekly medical psychotherapy and pharmacotherapy office visit for a 36 year old woman who emigrated from Russia leaving her family behind. She presented initially with daily headaches which recently have been relieved with anti-depressant medication. __________

C9i. Family psychotherapy session in hospital husband of 28 year old woman with bipolar illness who periodically refuses to take Lithium. She functions well when on Lithium. The only previous time she stopped taking Lithium she required hospitalization. __________

C10j. Multiple family group medical psychotherapy of families of inpatients on acute psychiatric care unit in a psychiatric hospital. __________

C11k. Group medical psychotherapy in-office, of six patients seen weekly by same psychiatrist in individual medical psychotherapy for treatment of depression. __________

INTERVIEWER CHECK: So this procedure requires about _____ total amount of work as the standard?

C12l. Hospital emergency room evaluation of 78 year old woman who ingested alcohol and valium in an apparent suicide attempt. __________

C13m. Office visit for diagnostic interview and evaluation of 17 year old male with recent personality change involving irritability, sleeplessness, and hostility towards parents and friends. __________

C14n. Office consultation for psychiatric evaluation of 65 year old male with intellectual deterioration and behavior problems including verbal and physical abuse of co-workers. __________

C15o. Office visit for chemotherapy management of 44 year old male with bipolar depression. __________

C16p. Electroconvulsive therapy, single seizure, in 82 year old widowed male hospitalized with severe depression. Anesthesiologist present. __________

C17q. Evaluation of 24 year old man charged with murdering a shopkeeper with regard to his competency to stand trial. You will be called upon as an expert witness. __________

C18r. One supervisory conference with a team of nurses, social workers and mental health workers on an 8-bed acute inpatient psychiatric unit in a community hospital. __________

C19s. Office visit for diagnostic reevaluation of 68 year old female with chronic depression, unresponsive to treatment. __________

C20t. Office visit for family psychotherapy session with 38 year old father accused of incestuous relations with 12 year old daughter.

C21u. Office visit for individual psychoanalysis with a 42 year old surgeon with a passive-aggressive personality disorder - fifth visit.

C22v. Court-requested evaluation of juvenile who attempted to rape a 71 year old woman with regard to placement and recommended treatment.

C23w. Evaluation and level of care decision for 17 year old adolescent newly diagnosed schizophrenic with first psychiatric hospital admission. Patient has been hospitalized for 90 days with minimal functional improvement.

C24x. Preparation of report to Department of Mental Health halfway house coordinator of three week hospitalization of 13 year old boy with socialized, aggressive conduct disorder. Psychiatrist has special knowledge of this child having already worked with him.

Appendix I

D. MAGNITUDE ESTIMATION (2): LEVEL OF TECHNICAL SKILL AND PHYSICAL EFFORT

Now we want you to rate the same procedures with respect to the level of technical skill and physical effort, including the manual skill and dexterity they require.

If a second office visit after a referral from an internist of a 25 year old male suffering from panic attacks has a rating of 100, what number would you assign the technical skill and physical effort required to do (the/a/an)....... (READ EACH)

NUMBER

D1a. Emergency room evaluation and environmental intervention on behalf of 25 year old man who is hearing voices which tell him to kill his mother, brought to hospital by brother after attempt to stab his mother. Patient refuses admission to hospital. ________

INTERVIEWER CHECK: So this procedure requires about _____ technical skill and physical effort as the standard?

D2b. Telephone conversation with mildly retarded mother of 18 year old schizophrenic male on Thorazine and Cogentin with severe dystonic reaction. ________

INTERVIEWER CHECK: So this procedure requires about _____ technical skill and physical effort as the standard?

D3c. Follow-up psychotherapy office visit with 48 year old housewife for treatment of agoraphobia. ________

D4d. Hospital consultation for psychiatric evaluation of a 68 year old cardiac surgical patient with severe post-op depression. ________

D5e. Evaluation of records and reports of a 69 year old woman admitted to hospital for work-up of pre-syncopal episodes prior to arguments with her husband. The patient was seen by the psychiatric consultation team on 5 occasions during hospitalization. ________

D6f. Supportive repeat hospital visit with long-term stabilized 42 year old male with chronic schizophrenia on anti-psychotic medication. ________

D7g. Office visit for termination of 66 year old business executive from twice weekly in-office psychotherapy sessions after three years of psychotherapy. Patient had initial complaint of marital problems and "ulcers". __________

D8h. Weekly medical psychotherapy and pharmacotherapy office visit for a 36 year old woman who emigrated from Russia leaving her family behind. She presented initially with daily headaches which recently have been relieved with anti-depressant medication. __________

D9i. Family psychotherapy session in hospital husband of 28 year old woman with bipolar illness who periodically refuses to take Lithium. She functions well when on Lithium. The only previous time she stopped taking Lithium she required hospitalization. __________

D10j. Multiple family group medical psychotherapy of families of inpatients on acute psychiatric care unit in a psychiatric hospital. __________

D11k. Group medical psychotherapy in-office, of six patients seen weekly by same psychiatrist in individual medical psychotherapy for treatment of depression. __________

INTERVIEWER CHECK: So this procedure requires about _____ technical skill and physical effort as the standard?

D12l. Hospital emergency room evaluation of 78 year old woman who ingested alcohol and valium in an apparent suicide attempt. __________

D13m. Office visit for diagnostic interview and evaluation of 17 year old male with recent personality change involving irritability, sleeplessness, and hostility towards parents and friends. __________

D14n. Office consultation for psychiatric evaluation of 65 year old male with intellectual deterioration and behavior problems including verbal and physical abuse of co-workers. __________

D15o. Office visit for chemotherapy management of 44 year old male with bipolar depression. __________

D16p. Electroconvulsive therapy, single seizure, in 82 year old widowed male hospitalized with severe depression. Anesthesiologist present. __________

D17q. Evaluation of 24 year old man charged with murdering a shopkeeper with regard to his competency to stand trial. You will be called upon as an expert witness. __________

D18r. One supervisory conference with a team of nurses, social workers and mental health workers on an 8-bed acute inpatient psychiatric unit in a community hospital. __________

D19s. Office visit for diagnostic reevaluation of 68 year old female with chronic depression, unresponsive to treatment. __________

D20t. Office visit for family psychotherapy session with 38 year old father accused of incestuous relations with 12 year old daughter. __________

D21u. Office visit for individual psychoanalysis with a 42 year old surgeon with a passive-aggressive personality disorder - fifth visit. __________

D22v. Court-requested evaluation of juvenile who attempted to rape a 71 year old woman with regard to placement and recommended treatment. __________

D23w. Evaluation and level of care decision for 17 year old adolescent newly diagnosed schizophrenic with first psychiatric hospital admission. Patient has been hospitalized for 90 days with minimal functional improvement. __________

D24x. Preparation of report to Department of Mental Health halfway house coordinator of three week hospitalization of 13 year old boy with socialized, aggressive conduct disorder. Psychiatrist has special knowledge of this child having already worked with him. __________

E. MAGNITUDE ESTIMATION: LEVEL OF MENTAL EFFORT (3)

Now we want you to rate the same procedures with respect to the level of mental effort and judgment they require.

If a second office visit after a referral from an internist of a 25 year old male suffering from panic attacks has a rating of 100, what number would you assign to the level of mental effort and judgment required to do (the/a/an).... (READ EACH)

NUMBER

E1a. Emergency room evaluation and environmental intervention on behalf of 25 year old man who is hearing voices which tell him to kill his mother, brought to hospital by brother after attempt to stab his mother. Patient refuses admission to hospital. __________

INTERVIEWER CHECK: So this procedure requires about _____ mental effort and judgment as the standard?

E2b. Telephone conversation with mildly retarded mother of 18 year old schizophrenic male on Thorazine and Cogentin with severe dystonic reaction. __________

INTERVIEWER CHECK: So this procedure requires about _____ mental effort and judgment as the standard?

E3c. Follow-up psychotherapy office visit with 48 year old housewife for treatment of agoraphobia. __________

E4d. Hospital consultation for psychiatric evaluation of a 68 year old cardiac surgical patient with severe post-op depression. __________

E5e. Evaluation of records and reports of a 69 year old woman admitted to hospital for work-up of pre-syncopal episodes prior to arguments with her husband. The patient was seen by the psychiatric consultation team on 5 occasions during hospitalization. __________

E6f. Supportive repeat hospital visit with long-term stabilized 42 year old male with chronic schizophrenia on anti-psychotic medication. __________

E7g. Office visit for termination of 66 year old business executive from twice weekly in-office psychotherapy sessions after three years of psychotherapy. Patient had initial complaint of marital problems and "ulcers". __________

E8h. Weekly medical psychotherapy and pharmacotherapy office visit for a 36 year old woman who emigrated from Russia leaving her family behind. She presented initially with daily headaches which recently have been relieved with anti-depressant medication. __________

E9i. Family psychotherapy session in hospital husband of 28 year old woman with bipolar illness who periodically refuses to take Lithium. She functions well when on Lithium. The only previous time she stopped taking Lithium she required hospitalization. __________

E10j. Multiple family group medical psychotherapy of families of inpatients on acute psychiatric care unit in a psychiatric hospital. __________

E11k. Group medical psychotherapy in-office, of six patients seen weekly by same psychiatrist in individual medical psychotherapy for treatment of depression. __________

INTERVIEWER CHECK: So this procedure requires about _____ mental effort and judgment as the standard?

E12l. Hospital emergency room evaluation of 78 year old woman who ingested alcohol and valium in an apparent suicide attempt. __________

E13m. Office visit for diagnostic interview and evaluation of 17 year old male with recent personality change involving irritability, sleeplessness, and hostility towards parents and friends. __________

E14n. Office consultation for psychiatric evaluation of 65 year old male with intellectual deterioration and behavior problems including verbal and physical abuse of co-workers. __________

E15o. Office visit for chemotherapy management of 44 year old male with bipolar depression. __________

E16p. Electroconvulsive therapy, single seizure, in 82 year old widowed male hospitalized with severe depression. Anesthesiologist present. __________

E17q. Evaluation of 24 year old man charged with murdering a shopkeeper with regard to his competency to stand trial. You will be called upon as an expert witness. __________

E18r. One supervisory conference with a team of nurses, social workers and mental health workers on an 8-bed acute inpatient psychiatric unit in a community hospital. __________

E19s. Office visit for diagnostic reevaluation of 68 year old female with chronic depression, unresponsive to treatment. __________

E20t. Office visit for family psychotherapy session with 38 year old father accused of incestuous relations with 12 year old daughter. __________

E21u. Office visit for individual psychoanalysis with a 42 year old surgeon with a passive-aggressive personality disorder - fifth visit. __________

E22v. Court-requested evaluation of juvenile who attempted to rape a 71 year old woman with regard to placement and recommended treatment. __________

E23w. Evaluation and level of care decision for 17 year old adolescent newly diagnosed schizophrenic with first psychiatric hospital admission. Patient has been hospitalized for 90 days with minimal functional improvement. __________

E24x. Preparation of report to Department of Mental Health halfway house coordinator of three week hospitalization of 13 year old boy with socialized, aggressive conduct disorder. Psychiatrist has special knowledge of this child having already worked with him. __________

F. MAGNITUDE ESTIMATION: IATROGENIC RISK (4)

Now we want you to rate the same procedures with respect to the risk of iatrogenic harm or complications for the patient. This may include the risk associated with mis-diagnosis. Consider in your rating the stress on a physician due to concern about these risks.

If a second office visit after a referral from an internist of a 25 year old male suffering from panic attacks has a rating of 100, what number would you assign to the iatrogenic risk when doing (the/a/an)..... (READ EACH)

NUMBER

F1a. Emergency room evaluation and environmental intervention on behalf of 25 year old man who is hearing voices which tell him to kill his mother, brought to hospital by brother after attempt to stab his mother. Patient refuses admission to hospital. ______

INTERVIEWER CHECK: So this procedure involves about _____ iatrogenic risk as the standard?

F2b. Telephone conversation with mildly retarded mother of 18 year old schizophrenic male on Thorazine and Cogentin with severe dystonic reaction. ______

INTERVIEWER CHECK: So this procedure involves about _____ iatrogenic risk as the standard?

F3c. Follow-up psychotherapy office visit with 48 year old housewife for treatment of agoraphobia. ______

F4d. Hospital consultation for psychiatric evaluation of a 68 year old cardiac surgical patient with severe post-op depression. ______

F5e. Evaluation of records and reports of a 69 year old woman admitted to hospital for work-up of pre-syncopal episodes prior to arguments with her husband. The patient was seen by the psychiatric consultation team on 5 occasions during hospitalization. ______

F6f. Supportive repeat hospital visit with long-term stabilized 42 year old male with chronic schizophrenia on anti-psychotic medication. ______

F7g. Office visit for termination of 66 year old business executive from twice weekly in-office psychotherapy sessions after three years of psychotherapy. Patient had initial complaint of marital problems and "ulcers". __________

F8h. Weekly medical psychotherapy and pharmacotherapy office visit for a 36 year old woman who emigrated from Russia leaving her family behind. She presented initially with daily headaches which recently have been relieved with anti-depressant medication. __________

F9i. Family psychotherapy session in hospital husband of 28 year old woman with bipolar illness who periodically refuses to take Lithium. She functions well when on Lithium. The only previous time she stopped taking Lithium she required hospitalization. __________

F10j. Multiple family group medical psychotherapy of families of inpatients on acute psychiatric care unit in a psychiatric hospital. __________

F11k. Group medical psychotherapy in-office, of six patients seen weekly by same psychiatrist in individual medical psychotherapy for treatment of depression. __________

INTERVIEWER CHECK: So this procedure involves about _____ iatrogenic risk as the standard?

F12l. Hospital emergency room evaluation of 78 year old woman who ingested alcohol and valium in an apparent suicide attempt. __________

F13m. Office visit for diagnostic interview and evaluation of 17 year old male with recent personality change involving irritability, sleeplessness, and hostility towards parents and friends. __________

F14n. Office consultation for psychiatric evaluation of 65 year old male with intellectual deterioration and behavior problems including verbal and physical abuse of co-workers. __________

F15o. Office visit for chemotherapy management of 44 year old male with bipolar depression. __________

F16p. Electroconvulsive therapy, single seizure, in 82 year old widowed male hospitalized with severe depression. Anesthesiologist present. __________

F17q. Evaluation of 24 year old man charged with murdering a shopkeeper with regard to his competency to stand trial. You will be called upon as an expert witness. __________

F18r. One supervisory conference with a team of nurses, social workers and mental health workers on an 8-bed acute inpatient psychiatric unit in a community hospital. __________

F19s. Office visit for diagnostic reevaluation of 68 year old female with chronic depression, unresponsive to treatment. __________

F20t. Office visit for family psychotherapy session with 38 year old father accused of incestuous relations with 12 year old daughter. __________

F21u. Office visit for individual psychoanalysis with a 42 year old surgeon with a passive-aggressive personality disorder - fifth visit. __________

F22v. Court-requested evaluation of juvenile who attempted to rape a 71 year old woman with regard to placement and recommended treatment. __________

F23w. Evaluation and level of care decision for 17 year old adolescent newly diagnosed schizophrenic with first psychiatric hospital admission. Patient has been hospitalized for 90 days with minimal functional improvement. __________

F24x. Preparation of report to Department of Mental Health halfway house coordinator of three week hospitalization of 13 year old boy with socialized, aggressive conduct disorder. Psychiatrist has special knowledge of this child having already worked with him. __________

G. MAGNITUDE ESTIMATION: COMPLEXITY (5)

Now we want you to provide a summary rating of the complexity of these same procedures. In making this summary rating, we want you to consider each of the other three components listed - that is technical skill and physical effort, mental effort and judgment, and concern about iatrogenic risk, regardless of the time a procedure or service takes to do.

If a second office visit after a referral from an internist of a 25 year old male suffering from panic attacks has a rating of 100, what number would you give the complexity of (the/a/an) (READ EACH)....

NUMBER

G1a. Emergency room evaluation and environmental intervention on behalf of 25 year old man who is hearing voices which tell him to kill his mother, brought to hospital by brother after attempt to stab his mother. Patient refuses admission to hospital. __________

INTERVIEWER CHECK: So this procedure is about _____ as complex as the standard?

G2b. Telephone conversation with mildly retarded mother of 18 year old schizophrenic male on Thorazine and Cogentin with severe dystonic reaction. __________

INTERVIEWER CHECK: So this procedure is about _____ as complex as the standard?

G3c. Follow-up psychotherapy office visit with 48 year old housewife for treatment of agoraphobia. __________

G4d. Hospital consultation for psychiatric evaluation of a 68 year old cardiac surgical patient with severe post-op depression. __________

G5e. Evaluation of records and reports of a 69 year old woman admitted to hospital for work-up of pre-syncopal episodes prior to arguments with her husband. The patient was seen by the psychiatric consultation team on 5 occasions during hospitalization. __________

G6f. Supportive repeat hospital visit with long-term stabilized 42 year old male with chronic schizophrenia on anti-psychotic medication. __________

G7g. Office visit for termination of 66 year old business executive from twice weekly in-office psychotherapy sessions after three years of psychotherapy. Patient had initial complaint of marital problems and "ulcers". __________

G8h. Weekly medical psychotherapy and pharmacotherapy office visit for a 36 year old woman who emigrated from Russia leaving her family behind. She presented initially with daily headaches which recently have been relieved with anti-depressant medication. __________

G9i. Family psychotherapy session in hospital husband of 28 year old woman with bipolar illness who periodically refuses to take Lithium. She functions well when on Lithium. The only previous time she stopped taking Lithium she required hospitalization. __________

G10j. Multiple family group medical psychotherapy of families of inpatients on acute psychiatric care unit in a psychiatric hospital. __________

G11k. Group medical psychotherapy in-office, of six patients seen weekly by same psychiatrist in individual medical psychotherapy for treatment of depression. __________

INTERVIEWER CHECK: So this procedure is about _____ as complex as the standard?

G12l. Hospital emergency room evaluation of 78 year old woman who ingested alcohol and valium in an apparent suicide attempt. __________

G13m. Office visit for diagnostic interview and evaluation of 17 year old male with recent personality change involving irritability, sleeplessness, and hostility towards parents and friends. __________

G14n. Office consultation for psychiatric evaluation of 65 year old male with intellectual deterioration and behavior problems including verbal and physical abuse of co-workers. __________

G15o. Office visit for chemotherapy management of 44 year old male with bipolar depression. __________

G16p. Electroconvulsive therapy, single seizure, in 82 year old widowed male hospitalized with severe depression. Anesthesiologist present. __________

G17q. Evaluation of 24 year old man charged with murdering a shopkeeper with regard to his competency to stand trial. You will be called upon as an expert witness. __________

G18r. One supervisory conference with a team of nurses, social workers and mental health workers on an 8-bed acute inpatient psychiatric unit in a community hospital. __________

G19s. Office visit for diagnostic reevaluation of 68 year old female with chronic depression, unresponsive to treatment. __________

G20t. Office visit for family psychotherapy session with 38 year old father accused of incestuous relations with 12 year old daughter. __________

G21u. Office visit for individual psychoanalysis with a 42 year old surgeon with a passive-aggressive personality disorder - fifth visit. __________

G22v. Court-requested evaluation of juvenile who attempted to rape a 71 year old woman with regard to placement and recommended treatment. __________

G23w. Evaluation and level of care decision for 17 year old adolescent newly diagnosed schizophrenic with first psychiatric hospital admission. Patient has been hospitalized for 90 days with minimal functional improvement. __________

G24x. Preparation of report to Department of Mental Health halfway house coordinator of three week hospitalization of 13 year old boy with socialized, aggressive conduct disorder. Psychiatrist has special knowledge of this child having already worked with him. __________

Appendix I

H. DEMOGRAPHIC DATA

Finally, I'd like to get some background information on you and your medical practice. I would like to remind you that all answers are confidential, and no individuals will be identified in any report.

H1. In your main medical practice, are you the owner of your own practice (full or part owner), are you employed by another physician or group of physicians, or are you an employee of some other kind of organization?

1 ☐ OWNER

2 ☐ EMPLOYED BY OTHER PHYSICIAN OR GROUP

3 ☐ OTHER ORGANIZATION (SKIP TO H3)

H2. Including yourself, how many physicians are associated with your practice for at least 20 hours a week?

____________ PHYSICIANS (SKIP TO H4)

H3. In what kind of organization are you employed in your main medical practice - a hospital, an HMO, or some other kind of organization? (What kind of organization?)

1 ☐ HOSPITAL

2 ☐ HMO

3 ☐ OTHER (SPECIFY) ____________________________

____

____

H4. Do you receive the majority of your compensation for practicing medicine from fee for service, from salary, or from some other arrangement?

1 ☐ FEE FOR SERVICE (SKIP TO H6)

2 ☐ SALARY

(SKIP TO H8)

3 ☐ OTHER

H5. (OMITTED)

H6. Do you or your practice have a contract with a preferred provider organization, or PPO?
[PROBE: A preferred provider organization or PPO markets the services of a select panel of health care providers for a discounted charge. The patients pay for services on a previously negotiated predominated fee-for-service basis. Also, patients have an economic incentive to use the panel rather than other health care providers.]
NOTE: A PPO IS NOT AN HMO.

1 [ ] YES

2 [ ] NO

H7. Are you or is your practice a member of an individual practice arrangement or IPA?
[PROBE: Under an IPA plan, a physician's practice would contract with an HMO to treat HMO patients on a fee-for-service basis.]

1 [ ] YES

2 [ ] NO

H8. Does the hospital where you perform most of your hospital work have a resident training program or not?

1 [ ] YES

2 [ ] NO (SKIP TO H11)

3 [ ] INAP, DOES NOT PROVIDE CARE IN ANY HOSPITAL (SKIP TO H12)

H9. Does that hospital have a resident training program in your specialty?

1 [ ] YES

2 [ ] NO

H10. Counting residents in all specialties, would you say that hospital has more or less than 50 residents in training?

1 [ ] MORE THAN 50

2 [ ] LESS THAN 50

H11. How many beds does that hospital have - fewer than 100, 100 to 300, 300 to 500, or over 500?

1 ☐ FEWER THAN 100

2 ☐ 100 TO 300

1 ☐ 300 TO 500

2 ☐ OVER 500

H12. In what year did you graduate from medical school?

____________ YEAR

H13. Are you board certified?

1 ☐ YES

2 ☐ NO (SKIP TO H14)

H13a. In what specialty are you certified?

____

____

H14. Do you or your practice accept assignment from Medicare patients for your services?

1 ☐ YES

2 ☐ NO

H15. Do you or your practice accept patients whose primary medical coverage is your state's Medicaid program?

1 ☐ YES

2 ☐ NO

H16. We need to get a general idea of your income, because that's a variable that may be related to how procedures are rated. We just need your answer in a large range. During 1986, about how much was your own income from your medical practice after expenses but before taxes. Please include fees, salaries, retainers and other forms of compensation.

Was it less than $100,000, 100,000 to $200,000, or over $200,000?

1 ☐ UNDER $100,000

Was it more or less than $70,000?

☐ UNDER $70,000
☐ OVER $70,000

2 ☐ $100,000 TO $200,000

Was it less than $125,000, $125,000 to $150,000, or over $150,000?

☐ LESS THAN $125,000
☐ $125,000 TO $150,000
☐ OVER $150,000

3 ☐ OVER $200,000

Was it more or less than $250,000?

☐ UNDER $250,000
☐ OVER $250,000

H17. Last, had you heard about this study before we contacted you about this interview?

1 ☐ YES

2 ☐ NO (THANK R AND CONCLUDE INTERVIEW)

H18. From what source was that?

____

Thank you for your time and help in answering these questions.

TIME NOW: ____________

Appendix I

INTERVIEWER COMMENTS

Appendix I

COVERSHEET NUMBER ____________

INTERVIEWER ______________________________

INTERVIEWER ID# ________________

FOR OFFICE USE

NATIONAL PHYSICIANS SURVEY

(DIAGNOSTIC RADIOLOGY)

Center for Survey Research
University of Massachusetts-Boston

and

Harvard School of Public Health

February/March, 1987

DR/RAD

Appendix I

Before we start, let me tell you a few things about this survey. The Center for Survey Research at the University of Massachusetts is conducting interviews for the Harvard School of Public Health. The sponsor of the project is the Health Care Financing Administration. We are interested in the complexity and time involved in certain medical procedures and services. You will be asked about procedures which are common in your specialty. Data collected in this study may be used in physician reimbursement policy.

Your answers are completely confidential and will never be used in any way that could link them to you. They will be combined with other answers for statistical analysis.

Do you have any questions before we start?

Appendix 1

TIME NOW: ____________

A. PROCEDURE OR SERVICE TIME

First, I'd like you to tell me how many minutes it usually takes you to complete each of the set of procedures. The list was in the packet of information you received in the mail.

AA. Do you have the list in front of you?

1 ☐ YES

2 ☐ NO

* * * * * *

In this section, we only want you to count the time it takes for you to do the procedure itself on the average patient; do not count time you spend either before or after the service described.

On average, how long does it take to do (the/a/an) (READ EACH).....

MINUTES

A1. Upper GI series, air contrast technique, with KUB for abdominal pain after meals with heme - positive stools, performance and interpretation. ________

A1a. Cervicocerebral angiography, selective catheter, including vessel origin; three or four vessels, complete procedure, for 66 year old patient with transient ischemic attacks, performance and interpretation. ________

A2b. Interpretation of chest x-rays, two views, frontal and lateral, for cough and weight loss. ________

A3c. Interpretation of bilateral rib X-rays, including posteroanterior chest, minimum 4 views, following trauma and questionable fracture. ________

A4d. Barium enema, double contrast, complete procedure, for occult GI bleeding in a 55 year old male, performance and interpretation. ________

A5e. Complete abdominal echography, B-scan and/or real time with image documentation,complete, for patient with fever of unknown origin, performance and interpretation. ________

A6f. Interpretation of computerized axial tomography, abdomen; with contrast materials for patient with weight loss and questionable cancer of the pancreas. ________

A7g. Echography of the pregnant uterus, B-scan and/or real time with image documentation, complete, for questionable fetal abnormality, performance and interpretation. ________

A8h. Computerized tomography guidance for needle biopsy; complete procedure, lung mass. ________

A9i. Interpretation of radiologic examination of the ankle, complete, minimum of three views, following trauma and questionable fracture. ________

A10j. Interpretation of mammography, bilateral, for 50 year old patient with pain in breasts. ________

A11k. Magnetic resonance imaging of the spinal cord, including spine, for unexplained onset of motor weakness in lower extremities, performance and interpretation. ________

A12l Interpretation of complete abdomen, including decubitus and/or erect views, for questionable intestinal obstruction. ________

A13m. Intravenous urography, pyelography, including kidneys, ureters, and bladder in patient with hematuria and flank pain, performance and interpretation. ________

A14n. Venography, unilateral, complete procedure, for possible deep vein thrombosis of lower extremity, performance and interpretation. ________

A15o. Interpretation of complete skull series for headaches in an adult. ________

A16p. Interpretation of bone density study, dual photon absorbtiometry of spine for possible osteoporosis. ________

A17q. Interpretation of lumbar spine x-rays, complete radiograph exam in an adult patient with low back pain. ________

A18r. Hysterosalpingography, complete procedure, in 26 year old woman with infertility. ________

A19s. Performing and interpreting a lumbar myelogram, 68 year old female. ________

A20t. Interpretation of hip x-rays, complete, for moderate/severe hip pain. ________

A21u. Interpretation of pulmonary perfusion studies for question of pulmonary embolization. ________

B. TIME REQUIRED

We also would like an estimate of time you spend with the average patient before and after you provide a service for these procedures.

B1. For example, when you do an Upper GI series, air contrast technique, with KUB for abdominal pain after meals with heme-positive stools, performance and interpretation how many minutes, on average, are needed before hand for preparation for seeing the patient, including reviewing records and communicating with other physicians?

__________ MINUTES

B1a. For the same patient, how many minutes on average are needed after you finish seeing the patient for arranging for further lab studies, consultations, x-rays or other tests, reviewing results of studies, and further communications with the patient and other physicians, including written and telephone reports?

__________ MINUTES

B2. When you do an interpretation of lumbar spine x-rays, complete radiograph exam in an adult patient with low back pain, how many minutes, on average, are needed beforehand for preparation for the service, including reviewing records and communicating with other physicians?

__________ MINUTES

B2a. For the same service, how many minutes on average are needed after you finish the service for further communications with the patient and other physicians

__________ MINUTES

B3. When you do a venography, unilateral, complete procedure, for possible deep vein thrombosis of lower extremity, performance and interpretation, how many minutes, on average, are needed beforehand for preparation for seeing the patient, including reviewing records and communicating with other physicians?

__________ MINUTES

B3a. For the same patient, how many minutes on average are needed after you finish seeing the patient for arranging for further lab studies, consultations, x-rays or other tests, reviewing results of studies, and further communications with the patient and other physicians, including written and telephone reports?

__________ MINUTES

C. MAGNITUDE ESTIMATION: WORK (1)

Next let's talk about how much work is involved in various procedures you perform within your specialty. The packet we sent to you discussed the method we would like you to use for comparing the procedures. If you have the packet handy, it would be helpful for you to look at a description of the magnitude estimation method as I review it briefly.

The standard for all the ratings will be an Upper GI series, air contrast technique, with KUB for abdominal pain after meals with heme-positive stools, performance and interpretation Call this 100. Now with the standard as 100, compare it to each of the other procedures as I read them to you. If the procedure or service I mention is twice as difficult, then your answer would be 200. A procedure half as difficult would be 50, five times as difficult would be 500 and so on.

I am going to ask you to compare each of the procedures to the standard on each of the five dimensions listed at the bottom of the Procedures and Services page. The first dimension is an overall rating of the total amount of work, that is the total time and effort the procedure requires. This is an overall rating that includes the time it takes to complete the procedure and the three components that reflect its complexity -- technical skill and physical effort, mental effort and judgement, and concern about iatrogenic risk. After we complete the ratings of total work, we will ask you to individually rate each of the other dimensions listed and to provide a summary rating of each procedure's complexity.

In all cases, we want you to try to respond in terms of the average or typical patient requiring the procedure or service.

Do you have any questions about the way I want you to compare the procedures, or what we mean by work?

O.k. let's start.

If an Upper GI series, air contrast technique, with KUB for abdominal pain after meals with heme-positive stools, performance and interpretation has a rating of 100, what number would you assign to the total amount of work involved in (the/a/an) (READ EACH)......

NUMBER

C1a. Cervicocerebral angiography, selective catheter, including vessel origin; three or four vessels, complete procedure, for 66 year old patient with transient ischemic attacks, performance and interpretation. ________

INTERVIEWER CHECK: So this procedure requires about _____ total amount of work as the standard?

C2b. Interpretation of chest x-rays, two views, frontal and lateral, for cough and weight loss. ________

INTERVIEWER CHECK: So this procedure requires about _____ total amount of work as the standard?

C3c. Interpretation of bilateral rib X-rays, including posteroanterior chest, minimum 4 views, following trauma and questionable fracture. ________

C4d. Barium enema, double contrast, complete procedure, for occult GI bleeding in a 55 year old male, performance and interpretation. ________

C5e. Complete abdominal echography, B-scan and/or real time with image documentation,complete, for patient with fever of unknown origin, performance and interpretation. ________

C6f. Interpretation of computerized axial tomography, abdomen; with contrast materials for patient with weight loss and questionable cancer of the pancreas. ________

C7g. Echography of the pregnant uterus, B-scan and/or real time with image documentation, complete, for questionable fetal abnormality, performance and interpretation. ________

C8h. Computerized tomography guidance for needle biopsy; complete procedure, lung mass. ________

C9i. Interpretation of radiologic examination of the ankle, complete, minimum of three views, following trauma and questionable fracture. ________

C10j. Interpretation of mammography, bilateral, for 50 year old patient with pain in breasts. ________

C11k. Magnetic resonance imaging of the spinal cord, including spine, for unexplained onset of motor weakness in lower extremities, performance and interpretation. ________

INTERVIEWER CHECK: So this procedure requires about _____ total amount of work as the standard?

C12l. Interpretation of complete abdomen, including decubitus and/or erect views, for questionable intestinal obstruction. ________

C13m. Intravenous urography, pyelography, including kidneys, ureters, and bladder in patient with hematuria and flank pain, performance and interpretation. ________

C14n. Venography, unilateral, complete procedure, for possible deep vein thrombosis of lower extremity, performance and interpretation. ________

C15o. Interpretation of complete skull series for headaches in an adult. ________

C16p. Interpretation of bone density study, dual photon absorbtiometry of spine for possible osteoporosis. ________

C17q. Interpretation of lumbar spine x-rays, complete radiograph exam in an adult patient with low back pain. ________

C18r. Hysterosalpingography, complete procedure, in 26 year old woman with infertility. ________

C19s. Performing and interpreting a lumbar myelogram, 68 year old female. ________

C20t. Interpretation of hip x-rays, complete, for moderate/severe hip pain. ________

C21u. Interpretation of pulmonary perfusion studies for question of pulmonary embolization. ________

D. MAGNITUDE ESTIMATION (2):
LEVEL OF TECHNICAL SKILL AND PHYSICAL EFFORT

Now we want you to rate the same procedures with respect to the level of technical skill and physical effort, including the manual skill and dexterity they require.

If an Upper GI series, air contrast technique, with KUB for abdominal pain after meals with heme-positive stools, performance and interpretation has a rating of 100, what number would you assign the technical skill and physical effort required to do (the/a/an).......
(READ EACH)

NUMBER

D1a. Cervicocerebral angiography, selective catheter, including vessel origin; three or four vessels, complete procedure, for 66 year old patient with transient ischemic attacks, performance and interpretation. ________

INTERVIEWER CHECK: So this procedure requires about _____ technical skill and physical effort as the standard?

D2b. Interpretation of chest x-rays, two views, frontal and lateral, for cough and weight loss. ________

INTERVIEWER CHECK: So this procedure requires about _____ technical skill and physical effort as the standard?

D3c. Interpretation of bilateral rib X-rays, including posteroanterior chest, minimum 4 views, following trauma and questionable fracture. ________

D4d. Barium enema, double contrast, complete procedure, for occult GI bleeding in a 55 year old male, performance and interpretation. ________

D5e. Complete abdominal echography, B-scan and/or real time with image documentation,complete, for patient with fever of unknown origin, performance and interpretation. ________

D6f. Interpretation of computerized axial tomography, abdomen; with contrast materials for patient with weight loss and questionable cancer of the pancreas. ________

D7g *Echography of the pregnant uterus*, B-scan and/or real time with image documentation, complete, *for questionable fetal abnormality, performance and interpretation*. ________

D8h. *Computerized tomography guidance for needle biopsy; complete procedure, lung mass*. ________

D9i. *Interpretation of radiologic examination of the ankle*, complete, minimum of three views, *following trauma and questionable fracture.* ________

D10j. *Interpretation of mammography*, bilateral, for 50 year old patient with pain in breasts. ________

D11k. *Magnetic resonance imaging of the spinal cord*, including spine, *for unexplained onset of motor weakness in lower extremities, performance and interpretation*. ________

INTERVIEWER CHECK: So this procedure requires about _____ technical skill and physical effort as the standard?

D12l. *Interpretation of complete abdomen*, including decubitus and/or erect views, *for questionable intestinal obstruction* ________

D13m. *Intravenous urography, pyelography*, including kidneys, ureters, and bladder *in patient with hematuria and flank pain, performance and interpretation*. ________

D14n. *Venography,* unilateral, complete procedure, *for possible deep vein thrombosis* of lower extremity, *performance and interpretation*. ________

D15o. *Interpretation of complete skull series for headaches in an adult*. ________

D16p. *Interpretation of bone density study*, dual photon absorbtiometry of spine *for possible osteoporosis*. ________

D17q. Interpretation of lumbar spine x-rays, complete radiograph exam in an adult patient with low back pain. ________

D18r. Hysterosalpingography, complete procedure, in 26 year old woman with infertility. ________

D19s. Performing and interpreting a lumbar myelogram, 68 year old female. ________

D20t. Interpretation of hip x-rays, complete, for moderate/severe hip pain. ________

D21u. Interpretation of pulmonary perfusion studies for question of pulmonary embolization. ________

E. MAGNITUDE ESTIMATION: LEVEL OF MENTAL EFFORT (3)

Now we want you to rate the same procedures with respect to the level of mental effort and judgment they require.

If an Upper GI series, air contrast technique, with KUB for abdominal pain after meals with heme-positive stools, performance and interpretation has a rating of 100, what number would you assign to the level of mental effort and judgment required to do (the/a/an).... (READ EACH)

NUMBER

E1a. Cervicocerebral angiography, selective catheter, including vessel origin; three or four vessels, complete procedure, for 66 year old patient with transient ischemic attacks, performance and interpretation ________

INTERVIEWER CHECK: So this procedure requires about _____ mental effort and judgment as the standard?

E2b. Interpretation of chest x-rays, two views, frontal and lateral, for cough and weight loss. ________

INTERVIEWER CHECK: So this procedure requires about _____ mental effort and judgment as the standard?

E3c. Interpretation of bilateral rib X-rays, including posteroanterior chest, minimum 4 views, following trauma and questionable fracture. ________

E4d. Barium enema, double contrast, complete procedure, for occult GI bleeding in a 55 year old male, performance and interpretation. ________

E5e. Complete abdominal echography, B-scan and/or real time with image documentation,complete, for patient with fever of unknown origin, performance and interpretation. ________

E6f. Interpretation of computerized axial tomography, abdomen; with contrast materials for patient with weight loss and questionable cancer of the pancreas. ________

E7g. Echography of the pregnant uterus, B-scan and/or real time with image documentation, complete, for questionable fetal abnormality, performance and interpretation. ________

E8h. Computerized tomography guidance for needle biopsy; complete procedure, lung mass. ________

E9i. Interpretation of radiologic examination of the ankle, complete, minimum of three views, following trauma and questionable fracture. ________

E10j. Interpretation of mammography, bilateral, for 50 year old patient with pain in breasts. ________

E11k. Magnetic resonance imaging of the spinal cord, including spine, for unexplained onset of motor weakness in lower extremities, performance and interpretation. ________

INTERVIEWER CHECK: So this procedure requires about _____ mental effort and judgment as the standard?

E12l. Interpretation of complete abdomen, including decubitus and/or erect views, for questionable intestinal obstruction. ________

E13m. Intravenous urography, pyelography, including kidneys, ureters, and bladder in patient with hematuria and flank pain, performance and interpretation. ________

E14n. Venography, unilateral, complete procedure, for possible deep vein thrombosis of lower extremity, performance and interpretation. ________

E15o. Interpretation of complete skull series for headaches in an adult. ________

E16p. Interpretation of bone density study, dual photon absorbtiometry of spine for possible osteoporosis. ________

E17q. Interpretation of lumbar spine x-rays,
complete radiograph exam in an adult patient
with low back pain. ________

E18r. Hysterosalpingography, complete procedure,
in 26 year old woman with infertility. ________

E19s. Performing and interpreting a lumbar myelogram,
68 year old female. ________

E20t. Interpretation of hip x-rays, complete,
for moderate/severe hip pain. ________

E21u. Interpretation of pulmonary perfusion studies
for question of pulmonary embolization. ________

F. MAGNITUDE ESTIMATION: IATROGENIC RISK (4)

Now we want you to rate the same procedures with respect to the risk of iatrogenic harm or complications for the patient. This may include the risk associated with mis-diagnosis. Consider in your rating the stress on a physician due to concern about these risks.

If an Upper GI series, air contrast technique, with KUB for abdominal pain after meals with heme-positive stools, performance and interpretation has a rating of 100, what number would you assign to the iatrogenic risk when doing (the/a/an)..... (READ EACH)

NUMBER

F1a. Cervicocerebral angiography, selective catheter, including vessel origin; three or four vessels, complete procedure, for 66 year old patient with transient ischemic attacks, performance and interpretation. ________

INTERVIEWER CHECK: So this procedure involves about _____ iatrogenic risk as the standard?

F2b. Interpretation of chest x-rays, two views, frontal and lateral, for cough and weight loss. ________

INTERVIEWER CHECK: So this procedure involves about _____ iatrogenic risk as the standard?

F3c. Interpretation of bilateral rib X-rays, including posteroanterior chest, minimum 4 views, following trauma and questionable fracture. ________

F4d. Barium enema, double contrast, complete procedure, for occult GI bleeding in a 55 year old male, performance and interpretation. ________

F5e. Complete abdominal echography, B-scan and/or real time with image documentation,complete, for patient with fever of unknown origin, performance and interpretation. ________

F6f. Interpretation of computerized axial tomography, abdomen; with contrast materials for patient with weight loss and questionable cancer of the pancreas. ________

F7g. Echography of the pregnant uterus, B-scan and/or real time with image documentation, complete, for questionable fetal abnormality, performance and interpretation. ________

F8h. Computerized tomography guidance for needle biopsy; complete procedure, lung mass. ________

F9i. Interpretation of radiologic examination of the ankle, complete, minimum of three views, following trauma and questionable fracture. ________

F10j. Interpretation of mammography, bilateral, for 50 year old patient with pain in breasts. ________

F11k. Magnetic resonance imaging of the spinal cord, including spine, for unexplained onset of motor weakness in lower extremities, performance and interpretation. ________

INTERVIEWER CHECK: So this procedure involves about _____ iatrogenic risk as the standard?

F12l. Interpretation of complete abdomen, including decubitus and/or erect views, for questionable intestinal obstruction. ________

F13m. Intravenous urography, pyelography, including kidneys, ureters, and bladder in patient with hematuria and flank pain, performance and interpretation. ________

F14n. Venography, unilateral, complete procedure, for possible deep vein thrombosis of lower extremity, performance and interpretation. ________

F15o. Interpretation of complete skull series for headaches in an adult. ________

F16p. Interpretation of bone density study, dual photon absorbtiometry of spine for possible osteoporosis. ________

F17q. Interpretation of lumbar spine x-rays, complete radiograph exam in an adult patient with low back pain. ________

F18r Hysterosalpingography, complete procedure, in 26 year old woman with infertility. ________

F19s. Performing and interpreting a lumbar myelogram, 68 year old female. ________

F20t. Interpretation of hip x-rays, complete, for moderate/severe hip pain. ________

F21u. Interpretation of pulmonary perfusion studies for question of pulmonary embolization. ________

G. MAGNITUDE ESTIMATION: COMPLEXITY (5)

Now we want you to provide a summary rating of the complexity of these same procedures. In making this summary rating, we want you to consider each of the other three components listed - that is technical skill and physical effort, mental effort and judgment, and concern about iatrogenic risk, regardless of the time a procedure or service takes to do.

If an Upper GI series, air contrast technique, with KUB for abdominal pain after meals with heme-positive stools, performance and interpretation has a rating of 100, what number would you give the complexity of (the/a/an) (READ EACH)....

NUMBER

G1a. Cervicocerebral angiography, selective catheter, including vessel origin; three or four vessels, complete procedure, for 66 year old patient with transient ischemic attacks, performance and interpretation. ________

INTERVIEWER CHECK: So this procedure is about _____ as complex as the standard?

G2b. Interpretation of chest x-rays, two views, frontal and lateral, for cough and weight loss. ________

INTERVIEWER CHECK: So this procedure is about _____ as complex as the standard?

G3c. Interpretation of bilateral rib X-rays, including posteroanterior chest, minimum 4 views, following trauma and questionable fracture. ________

G4d. Barium enema, double contrast, complete procedure, for occult GI bleeding in a 55 year old male, performance and interpretation. ________

G5e. Complete abdominal echography, B-scan and/or real time with image documentation,complete, for patient with fever of unknown origin, performance and interpretation. ________

G6f. Interpretation of computerized axial tomography, abdomen; with contrast materials for patient with weight loss and questionable cancer of the pancreas. ________

G7g. Echography of the pregnant uterus, B-scan and/or real time with image documentation, complete, for questionable fetal abnormality, performance and interpretation. ________

G8h Computerized tomography guidance for needle biopsy; complete procedure, lung mass. ________

G9i. Interpretation of radiologic examination of the ankle, complete, minimum of three views, following trauma and questionable fracture. ________

G10j. Interpretation of mammography, bilateral, for 50 year old patient with pain in breasts. ________

G11k. Magnetic resonance imaging of the spinal cord, including spine, for unexplained onset of motor weakness in lower extremities, performance and interpretation. ________

INTERVIEWER CHECK: So this procedure is about _____ as complex as the standard?

G12l. Interpretation of complete abdomen, including decubitus and/or erect views, for questionable intestinal obstruction. ________

G13m. Intravenous urography, pyelography, including kidneys, ureters, and bladder in patient with hematuria and flank pain, performance and interpretation. ________

G14n. Venography, unilateral, complete procedure, for possible deep vein thrombosis of lower extremity, performance and interpretation. ________

G15o. Interpretation of complete skull series for headaches in an adult. ________

G16p. Interpretation of bone density study, dual photon absorbtiometry of spine for possible osteoporosis. ________

G17q. Interpretation of lumbar spine x-rays, complete radiograph exam in an adult patient with low back pain. ________

G18r. Hysterosalpingography, complete procedure, in 26 year old woman with infertility. ________

G19s. Performing and interpreting a lumbar myelogram, 68 year old female. ________

G20t. Interpretation of hip x-rays, complete, for moderate/severe hip pain. ________

G21u. Interpretation of pulmonary perfusion studies for question of pulmonary embolization. ________

H. DEMOGRAPHIC DATA

Finally, I'd like to get some background information on you and your medical practice. I would like to remind you that all answers are confidential, and no individuals will be identified in any report.

H1. In your main medical practice, are you the owner of your own practice (full or part owner), are you employed by another physician or group of physicians, or are you an employee of some other kind of organization?

1 ☐ OWNER

2 ☐ EMPLOYED BY OTHER PHYSICIAN OR GROUP

3 ☐ OTHER ORGANIZATION (SKIP TO H3)

H2. Including yourself, how many physicians are associated with your practice for at least 20 hours a week?

______________ PHYSICIANS (SKIP TO H4)

H3. In what kind of organization are you employed in your main medical practice - a hospital, an HMO, or some other kind of organization? (What kind of organization?)

1 ☐ HOSPITAL

2 ☐ HMO

3 ☐ OTHER (SPECIFY) ______________________________

____

____

H4. Do you receive the majority of your compensation for practicing medicine from fee for service, from salary, or from some other arrangement?

1 ☐ FEE FOR SERVICE (SKIP TO H6)

2 ☐ SALARY

(SKIP TO H8)

3 ☐ OTHER

H5. (OMITTED)

H6. Do you or your practice have a contract with a preferred provider organization, or PPO?
[PROBE: A preferred provider organization or PPO markets the services of a select panel of health care providers for a discounted charge. The patients pay for services on a previously negotiated predominated fee-for-service basis. Also, patients have an economic incentive to use the panel rather than other health care providers.]
NOTE: A PPO IS NOT AN HMO.

1 ☐ YES

2 ☐ NO

H7 Are you or is your practice a member of an individual practice arrangement or IPA?
[PROBE: Under an IPA plan, a physician's practice would contract with an HMO to treat HMO patients on a fee-for-service basis.]

1 ☐ YES

2 ☐ NO

H8. Does the hospital where you perform most of your hospital work have a resident training program or not?

1 ☐ YES

2 ☐ NO (SKIP TO H11)

3 ☐ INAP, DOES NOT PROVIDE CARE IN ANY HOSPITAL (SKIP TO H12)

H9. Does that hospital have a resident training program in your specialty?

1 ☐ YES

2 ☐ NO

H10. Counting residents in all specialties, would you say that hospital has more or less than 50 residents in training?

1 ☐ MORE THAN 50

2 ☐ LESS THAN 50

H11. How many beds does that hospital have - fewer than 100, 100 to 300, 300 to 500, or over 500?

1 ☐ FEWER THAN 100

2 ☐ 100 TO 300

1 ☐ 300 TO 500

2 ☐ OVER 500

H12. In what year did you graduate from medical school?

__________ YEAR

H13. Are you board certified?

1 ☐ YES

2 ☐ NO (SKIP TO H14)

H13a. In what specialty are you certified?

____

____

H14. Do you or your practice accept assignment from Medicare patients for your services?

1 ☐ YES

2 ☐ NO

H15. Do you or your practice accept patients whose primary medical coverage is your state's Medicaid program?

1 ☐ YES

2 ☐ NO

H16. We need to get a general idea of your income, because that's a variable that may be related to how procedures are rated. We just need your answer in a large range. During 1986, about how much was your own income from your medical practice after expenses but before taxes. Please include fees, salaries, retainers and other forms of compensation.

Was it less than $100,000, 100,000 to $200,000, or over $200,000?

1 ☐ UNDER $100,000

Was it more or less than $70,000?

- ☐ UNDER $70,000
- ☐ OVER $70,000

2 ☐ $100,000 TO $200,000

Was it less than $125,000, $125,000 to $150,000, or over $150,000?

- ☐ LESS THAN $125,000
- ☐ $125,000 TO $150,000
- ☐ OVER $150,000

3 ☐ OVER $200,000

Was it more or less than $250,000?

- ☐ UNDER $250,000
- ☐ OVER $250,000

H17. Last, had you heard about this study before we contacted you about this interview?

1 ☐ YES

2 ☐ NO (THANK R AND CONCLUDE INTERVIEW)

H18. From what source was that?

____

Thank you for your time and help in answering these questions.

TIME NOW: ____________

Appendix I

INTERVIEWER COMMENTS

Appendix I

COVERSHEET NUMBER ____________

INTERVIEWER ______________________________

INTERVIEWER ID# ______________

FOR OFFICE USE

NATIONAL PHYSICIANS SURVEY

(RHEUMATOLOGY)

Center for Survey Research
University of Massachusetts-Boston

and

Harvard School of Public Health

February/March, 1987

RHEUM

Appendix I

Before we start, let me tell you a few things about this survey. The Center for Survey Research at the University of Massachusetts is conducting interviews for the Harvard School of Public Health. The sponsor of the project is the Health Care Financing Administration. We are interested in the complexity and time involved in certain medical procedures and services. You will be asked about procedures which are common in your specialty. Data collected in this study may be used in physician reimbursement policy.

Your answers are completely confidential and will never be used in any way that could link them to you. They will be combined with other answers for statistical analysis.

Do you have any questions before we start?

Appendix I

RHEUMATOLOGY PROCEDURES AND SERVICES

The following is a list of the procedures and services you will be asked to compare to a pre-selected standard. In addition, you will be asked to give time estimates for each procedure and service.

The standard is a follow-up office visit of patient with ARA anatomical Stage II, and ARA functional Class II, rheumatoid arthritis.

The procedures and services you will compare to this standard are:

a Initial office evaluation of patient with systemic lupus erythematosus, fever, seizures and profound thrombocytopenia.
b Interpretation of x-rays of the hands, bilateral, in a patient with acute rheumatoid arthritis.
c Initial office evaluation of 70 year old female with polyarthralgia
d. Consultation in hospital, 35 year old female with fever, swelling joints and rash of one week duration.
e. Aspiration of synovial fluid from knee.
f. Performance and interpretation of cell count with differential and crystal analysis of synovial fluid.
g Injection of corticosteroid preparation into tendon sheath or trigger point.
h Initial office evaluation of patient, with negative lab and x-ray studies, with a question of fibrositis.
i Follow-up visit for 45 year old patient with rheumatoid arthritis on gold, methotrexate or immunosuppressive therapy.
j Follow-up visit for 40 year old mother of 3 with ARA anatomical Stage III, ARA functional Class III, rheumatoid arthritis, and deteriorating function.
k Initial office evaluation and management of patient with systemic vasculitis and compromised circulation to the limbs
l Interpretation of bone density study, dual photon absorptiometry of spine for a question of osteoporosis.
m Follow up office consult of a 45 year old male with ankylosing spondylitis, iritis, and peripheral joint involvement.
n Limited office visit for established patient with known osteoarthritis and painful swollen knees
o. Comprehensive initial evaluation of a 48 year old man with recurrent low back pain radiating to the leg.
p Interpretation of sed rate, (ESR); Westergren type.
q Interpretation of hip x-rays, complete, for moderate/severe hip pain.
r Interpretation of platelet count, Coulter counter.

You will rate these procedures and services compared to the standard on each of the following five dimensions

I Overall amount of work, the total time and effort the procedure/service requires. This is an overall rating that includes time and the three components that reflect its complexity - technical skill and physical effort, mental effort and judgment, and iatrogenic risk.

II The level of technical skill and physical effort, including the manual skill and dexterity needed to perform the procedure/service.

III. The level of mental effort and judgment required to perform the procedure/service.

IV. The iatrogenic risk, that is, the risk of iatrogenic harm or complications for the patient. This may include the risk associated with mis-diagnosis. Consider in your rating the stress on a physician due to concern about these risks.

V The level of complexity in performing the procedure/service. Complexity is a combined summary rating of the technical skill and physical effort, mental effort and judgment, and concern about iatrogenic risk the procedure/service entails, regardless of the time it takes to do.

Appendix I

TIME NOW: ____________

A. PROCEDURE OR SERVICE TIME

First, I'd like you to tell me how many minutes it usually takes you to complete each of the set of procedures. The list was in the packet of information you received in the mail.

AA. Do you have the list in front of you?

1 ☐ YES

2 ☐ NO

* * * * * *

In this section, we only want you to count the time it takes for you to do the procedure itself on the average patient, do not count time you spend either before or after the service described

On average, how long does it take to do (the/a/an) (READ EACH).....

MINUTES

A1 Follow-up office visit of patient with ARA anatomical Stage II, and ARA functional Class II, rheumatoid arthritis. ________

A1a. Initial office evaluation of patient with systemic lupus erythematosus, fever, seizures and profound thrombocytopenia. ________

A2b. Interpretation of x-rays of the hands, bilateral, in a patient with acute rheumatoid arthritis ________

A3c. Initial office evaluation of 70 year old female with polyarthralgia ________

A4d. Consultation in hospital, 35 year old female with fever, swelling joints and rash of one week duration. ________

A5e. Aspiration of synovial fluid from knee ________

A6f. Performance and interpretation of cell count with differential and crystal analysis of synovial fluid. ________

A7g. Injection of corticosteroid preparation into tendon sheath or trigger point. ________

A8h. Initial office evaluation of patient, with negative lab and x-ray studies, with a question of fibrositis. ________

A9i Follow-up visit for 45 year old patient with rheumatoid arthritis on gold, methotrexate or immunosuppressive therapy. ________

A10j Follow-up visit for 40 year old mother of 3 with ARA anatomical Stage III, ARA functional Class III, rheumatoid arthritis, and deteriorating function. ________

A11k Initial office evaluation and management of patient with systemic vasculitis and compromised circulation to the limbs ________

A12l Interpretation of bone density study, dual photon absorptiometry of spine for a question of osteoporosis ________

A13m Follow up office consult of a 45 year old male with ankylosing spondylitis, iritis, and peripheral joint involvement ________

A14n Limited office visit for established patient with known osteoarthritis and painful swollen knees. ________

A15o Comprehensive initial evaluation of a 48 year old man with recurrent low back pain radiating to the leg. ________

A16p Interpretation of sed rate, (ESR), Westergren type. ________

A17q Interpretation of hip x-rays, complete for moderate/severe hip pain. ________

A18r Interpretation of platelet count, Coulter counter ________

B. TIME REQUIRED

We also would like an estimate of time you spend with the average patient before and after you provide a service for these procedures.

B1. For example, when you do an initial office evaluation of patient. with negative lab and x-ray studies, with a question of fibrositis how many minutes, on average, is needed before hand for preparation for seeing the patient, including reviewing records and communicating with other physicians?

__________ MINUTES

B1a. For the same patient, how many minutes on average is needed after you finish seeing the patient for arranging for further lab studies, consultations, x-rays or other tests, reviewing results of studies, and further communications with the patient and other physicians, including written and telephone reports?

__________ MINUTES

B2. When you do a limited office visit for established patient with known osteoarthritis and painful swollen knees, how many minutes, on average, is needed beforehand for preparation for seeing the patient, including reviewing records and communicating with other physicians?

__________ MINUTES

B2a. For the same patient, how many minutes on average is needed, after you finish seeing the patient for arranging for further lab studies, consultations, x-rays or other tests, reviewing results of studies, and further communications with the patient and other physicians, including written and telephone reports?

__________ MINUTES

B3. When you do an Initial office evaluation and management of patient with systemic vasculitis and compromised circulation to the limbs, how many minutes, on average, is needed beforehand for preparation for seeing the patient, including reviewing records and communicating with other physicians?

___________ MINUTES

B3a For the same patient, how many minutes on average is needed after you finish seeing the patient for arranging for further lab studies, consultations, x-rays or other tests, reviewing results of studies, and further communications with the patient and other physicians, including written and telephone reports?

___________ MINUTES

C. MAGNITUDE ESTIMATION: WORK (1)

Next let's talk about how much work is involved in various procedures you perform within your specialty. The packet we sent to you discussed the method we would like you to use for comparing the procedures. If you have the packet handy, it would be helpful for you to look at a description of the magnitude estimation method as I review it briefly

The standard for all the ratings will be a follow-up office visit of patient with ARA anatomical Stage II, and ARA functional Class II, rheumatoid arthritis. Call this 100. Now with the standard as 100, compare it to each of the other procedures as I read them to you. If the procedure or service I mention is twice as difficult, then your answer would be 200. A procedure half as difficult would be 50, five times as difficult would be 500 and so on.

I am going to ask you to compare each of the procedures to the standard on each of the five dimensions listed at the bottom of the Procedures and Services page The first dimension is an overall rating of the total amount of work, that is the total time and effort the procedure requires This is an overall rating that includes the time it takes to complete the procedure and the three components that reflect its complexity -- technical skill and physical effort, mental effort and judgement, and concern about iatrogenic risk. After we complete the ratings of total work, we will ask you to individually rate each of the other dimensions listed and to provide a summary rating of each procedure's complexity

In all cases, we want you to try to respond in terms of the average or typical patient requiring the procedure or service.

Do you have any questions about the way I want you to compare the procedures, or what we mean by work?

O.K. let's start.

If a follow-up office visit of patient with ARA anatomical Stage II, and ARA functional Class II, rheumatoid arthritis has a rating of 100, what number would you assign to the total amount of work involved in (the/a/an) (READ EACH)..... .

NUMBER

C1a. Initial office evaluation of patient with systemic lupus erythematosus, fever, seizures and profound thrombocytopenia. ________

INTERVIEWER CHECK: So this procedure requires about _____ total amount of work as the standard?

C2b. Interpretation of x-rays of the hands, bilateral, in a patient with acute rheumatoid arthritis. ______

INTERVIEWER CHECK: So this procedure requires about _____ total amount of work as the standard?

C3c Initial office evaluation of 70 year old female with polyarthralgia. ______

C4d Consultation in hospital, 35 year old female with fever, swelling joints and rash of one week duration. ______

C5e Aspiration of synovial fluid from knee. ______

C6f Performance and interpretation of cell count with differential and crystal analysis of synovial fluid. ______

C7g Injection of corticosteroid preparation into tendon sheath or trigger point. ______

C8h Initial office evaluation of patient, with negative lab and x-ray studies, with a question of fibrositis ______

C9i. Follow-up visit for 45 year old patient with rheumatoid arthritis on gold, methotrexate or immunosuppressive therapy. ______

C10j Follow-up visit for 40 year old mother of 3 with ARA anatomical Stage III, ARA functional Class III, rheumatoid arthritis, and deteriorating function. ______

C11k Initial office evaluation and management of patient with systemic vasculitis and compromised circulation to the limbs. ______

INTERVIEWER CHECK: So this procedure requires about _____ total amount of work as the standard?

C12l. Interpretation of bone density study, dual photon absorptiometry of spine for a question of osteoporosis. ________

C13m. Follow up office consult of a 45 year old male with ankylosing spondylitis, iritis, and peripheral joint involvement. ________

C14n. Limited office visit for established patient with known osteoarthritis and painful swollen knees. ________

C15o. Comprehensive initial evaluation of a 48 year old man with recurrent low back pain radiating to the leg. ________

C16p Interpretation of sed rate, (ESR); Westergren type. ________

C17q Interpretation of hip x-rays, complete, for moderate/severe hip pain. ________

C18r. Interpretation of platelet count, Coulter counter. ________

Appendix I
D. MAGNITUDE ESTIMATION (2):
LEVEL OF TECHNICAL SKILL AND PHYSICAL EFFORT

Now we want you to rate the same procedures with respect to the level of **technical skill and physical effort**, including the manual skill and dexterity they require.

If a follow-up office visit of patient with ARA anatomical Stage II, and ARA functional Class II, rheumatoid arthritis has a rating of 100, what number would you assign the **technical skill and physical effort** required to do (the/a/an)....... (READ EACH)

NUMBER

D1a. Initial office evaluation of patient with systemic lupus erythematosus, fever, seizures and profound thrombocytopenia. ________

INTERVIEWER CHECK: So this procedure requires about ______ technical skill and physical effort as the standard?

D2b. Interpretation of x-rays of the hands, bilateral, in a patient with acute rheumatoid arthritis ________

INTERVIEWER CHECK: So this procedure requires about ______ technical skill and physical effort as the standard?

D3c. Initial office evaluation of 70 year old female with polyarthralgia. ________

D4d. Consultation in hospital, 35 year old female with fever, swelling joints and rash of one week duration. ________

D5e Aspiration of synovial fluid from knee ________

D6f. Performance and interpretation of cell count with differential and crystal analysis of synovial fluid. ________

D7g. Injection of corticosteroid preparation into tendon sheath or trigger point. ________

D8h. Initial office evaluation of patient, with negative lab and x-ray studies, with a question of fibrositis. ________

D9i. Follow-up visit for 45 year old patient with rheumatoid arthritis on gold, methotrexate or immunosuppressive therapy. ________

D10j. Follow-up visit for 40 year old mother of 3 with ARA anatomical Stage III, ARA functional Class III, rheumatoid arthritis, and deteriorating function. ________

D11k Initial office evaluation and management of patient with systemic vasculitis and compromised circulation to the limbs. ________

INTERVIEWER CHECK: So this procedure requires about _____ technical skill and physical effort as the standard?

D12l. Interpretation of bone density study, dual photon absorptiometry of spine for a question of osteoporosis. ________

D13m. Follow up office consult of a 45 year old male with ankylosing spondylitis, iritis, and peripheral joint involvement. ________

D14n. Limited office visit for established patient with known osteoarthritis and painful swollen knees. ________

D15o. Comprehensive initial evaluation of a 48 year old man with recurrent low back pain radiating to the leg. ________

D16p. Interpretation of sed rate, (ESR); Westergren type. ________

D17q. Interpretation of hip x-rays, complete, for moderate/severe hip pain. ________

D18r. Interpretation of platelet count, Coulter counter. ________

E. MAGNITUDE ESTIMATION: LEVEL OF MENTAL EFFORT (3)

Now we want you to rate the same procedures with respect to the level of mental effort and judgment they require.

If a follow-up office visit of patient with ARA anatomical Stage II and ARA functional Class II, rheumatoid arthritis has a rating of 100, what number would you assign to the level of mental effort and judgment required to do (the/a/an).... (READ EACH)

NUMBER

E1a Initial office evaluation of patient with systemic lupus erythematosus, fever, seizures and profound thrombocytopenia ________

INTERVIEWER CHECK: So this procedure requires about _____ mental effort and judgment as the standard?

E2b. Interpretation of x-rays of the hands, bilateral, in a patient with acute rheumatoid arthritis. ________

INTERVIEWER CHECK: So this procedure requires about _____ mental effort and judgment as the standard?

E3c Initial office evaluation of 70 year old female with polyarthralgia. ________

E4d Consultation in hospital, 35 year old female with fever, swelling joints and rash of one week duration. ________

E5e Aspiration of synovial fluid from knee. ________

E6f. Performance and interpretation of cell count with differential and crystal analysis of synovial fluid. ________

E7g. Injection of corticosteroid preparation into tendon sheath or trigger point. ________

E8h Initial office evaluation of patient, with negative lab and x-ray studies, with a question of fibrositis. ________

E9i. Follow-up visit for 45 year old patient with rheumatoid arthritis on gold, methotrexate or immunosuppressive therapy. ________

E10j. Follow-up visit for 40 year old mother of 3 with ARA anatomical Stage III, ARA functional Class III, rheumatoid arthritis, and deteriorating function. ________

E11k. Initial office evaluation and management of patient with systemic vasculitis and compromised circulation to the limbs ________

INTERVIEWER CHECK: So this procedure requires about _____ mental effort and judgment as the standard?

E12l. Interpretation of bone density study, dual photon absorptiometry of spine for a question of osteoporosis. ________

E13m Follow up office consult of a 45 year old male with ankylosing spondylitis, iritis, and peripheral joint involvement. ________

E14n Limited office visit for established patient with known osteoarthritis and painful swollen knees. ________

E15o Comprehensive initial evaluation of a 48 year old man with recurrent low back pain radiating to the leg ________

E16p. Interpretation of sed rate. (ESR); Westergren type. ________

E17q. Interpretation of hip x-rays, complete, for moderate/severe hip pain ________

E18r. Interpretation of platelet count, Coulter counter. ________

Appendix I

F. MAGNITUDE ESTIMATION: IATROGENIC RISK (4)

Now we want you to rate the same procedures with respect to the risk of iatrogenic harm or complications for the patient. This may include the risk associated with mis-diagnosis. Consider in your rating the stress on a physician due to concern about these risks.

If a follow-up office visit of patient with ARA anatomical Stage II, and ARA functional Class II, rheumatoid arthritis has a rating of 100, what number would you assign to the iatrogenic risk when doing (the/a/an) . . . (READ EACH)

NUMBER

F1a. Initial office evaluation of patient with systemic lupus erythematosus, fever, seizures and profound thrombocytopenia. ______

INTERVIEWER CHECK: So this procedure involves about _____ iatrogenic risk as the standard?

F2b. Interpretation of x-rays of the hands, bilateral, in a patient with acute rheumatoid arthritis. ______

INTERVIEWER CHECK: So this procedure involves about _____ iatrogenic risk as the standard?

F3c. Initial office evaluation of 70 year old female with polyarthralgia. ______

F4d. Consultation in hospital, 35 year old female with fever, swelling joints and rash of one week duration. ______

F5e. Aspiration of synovial fluid from knee ______

F6f. Performance and interpretation of cell count with differential and crystal analysis of synovial fluid. ______

F7g. Injection of corticosteroid preparation into tendon sheath or trigger point. ______

F8h. Initial office evaluation of patient, with negative lab and x-ray studies, with a question of fibrositis. ______

F9i. Follow-up visit for 45 year old patient with rheumatoid arthritis on gold, methotrexate or immunosuppressive therapy. ______

F10j. Follow-up visit for 40 year old mother of 3 with ARA anatomical Stage III, ARA functional Class III, rheumatoid arthritis, and deteriorating function. ______

F11k. Initial office evaluation and management of patient with systemic vasculitis and compromised circulation to the limbs. ______

INTERVIEWER CHECK: So this procedure involves about _____ iatrogenic risk as the standard?

F12l. Interpretation of bone density study, dual photon absorptiometry of spine for a question of osteoporosis. ______

F13m. Follow up office consult of a 45 year old male with ankylosing spondylitis, iritis, and peripheral joint involvement. ______

F14n. Limited office visit for established patient with known osteoarthritis and painful swollen knees. ______

F15o. Comprehensive initial evaluation of a 48 year old man with recurrent low back pain radiating to the leg. ______

F16p. Interpretation of sed rate, (ESR); Westergren type. ______

F17q. Interpretation of hip x-rays, complete, for moderate/severe hip pain. ______

F18r. Interpretation of platelet count, Coulter counter ______

G. MAGNITUDE ESTIMATION: COMPLEXITY (5)

Now we want you to provide a summary rating of the complexity of these same procedures. In making this summary rating, we want you to consider each of the other three components listed - that is technical skill and physical effort, mental effort and judgment, and concern about iatrogenic risk, regardless of the time a procedure or service takes to do.

If a follow-up office visit of patient with ARA anatomical Stage II, and ARA functional Class II, rheumatoid arthritis has a rating of 100, what number would you give the complexity of (the/a/an) (READ EACH)....

G1a. Initial office evaluation of patient with systemic lupus erythematosus, fever, seizures and profound thrombocytopenia. ________

INTERVIEWER CHECK: So this procedure is about _____ as complex as the standard?

G2b. Interpretation of x-rays of the hands, bilateral, in a patient with acute rheumatoid arthritis ________

INTERVIEWER CHECK: So this procedure is about _____ as complex as the standard?

G3c Initial office evaluation of 70 year old female with polyarthralgia ________

G4d. Consultation in hospital, 35 year old female with fever, swelling joints and rash of one week duration. ________

G5e Aspiration of synovial fluid from knee ________

G6f. Performance and interpretation of cell count with differential and crystal analysis of synovial fluid. ________

G7g. Injection of corticosteroid preparation into tendon sheath or trigger point. ________

G8h. Initial office evaluation of patient, with
negative lab and x-ray studies, with a
question of fibrositis. ________

G9i. Follow-up visit for 45 year old patient with
rheumatoid arthritis on gold, methotrexate
or immunosuppressive therapy. ________

G10j. Follow-up visit for 40 year old mother of 3
with ARA anatomical Stage III, ARA functional
Class III, rheumatoid arthritis, and
deteriorating function. ________

G11k Initial office evaluation and management
of patient with systemic vasculitis and
compromised circulation to the limbs. ________

INTERVIEWER CHECK: So this procedure is
about _____ as complex as the standard?

G12l Interpretation of bone density study,
dual photon absorpticmetry of spine for a
question of osteoporosis. ________

G13m. Follow up office consult of a 45 year old
male with ankylosing spondylitis, iritis,
and peripheral joint involvement. ________

G14n Limited office visit for established
patient with known osteoarthritis and
painful swollen knees. ________

G15o. Comprehensive initial evaluation of a
48 year old man with recurrent low back
pain radiating to the leg. ________

G16p. Interpretation of sed rate, (ESR); Westergren type. ________

G17q. Interpretation of hip x-rays, complete,
for moderate/severe hip pain. ________

G18r. Interpretation of platelet count, Coulter counter ________

H. DEMOGRAPHIC DATA

Finally, I'd like to get some background information on you and your medical practice. I would like to remind you that all answers are confidential, and no individuals will be identified in any report.

H1. In your main medical practice, are you the owner of your own practice (full or part owner), are you employed by another physician or group of physicians, or are you an employee of some other kind of organization?

1 ☐ OWNER

2 ☐ EMPLOYED BY OTHER PHYSICIAN OR GROUP

3 ☐ OTHER ORGANIZATION (SKIP TO H3)

H2 Including yourself, how many physicians are associated with your practice for at least 20 hours a week?

_____________ PHYSICIANS (SKIP TO H4)

H3 In what kind of organization are you employed in your main medical practice - a hospital, an HMO, or some other kind of organization? (What kind of organization?)

1 ☐ HOSPITAL

2 ☐ HMO

3 ☐ OTHER (SPECIFY) ______________________________

____

____

H4 Do you receive the majority of your compensation for practicing medicine from fee for service, from salary, or from some other arrangement?

1 ☐ FEE FOR SERVICE (SKIP TO H6)

2 ☐ SALARY

(SKIP TO H8)

3 ☐ OTHER

H5. (OMITTED)

H6. Do you or your practice have a contract with a preferred provider organization, or PPO?
[PROBE: A preferred provider organization or PPO markets the services of a select panel of health care providers for a discounted charge. The patients pay for services on a previously negotiated predominated fee-for-service basis. Also, patients have an economic incentive to use the panel rather than other health care providers.]
NOTE: A PPO IS NOT AN HMO.

1 [ ] YES

2 [ ] NO

H7. Are you or is your practice a member of an individual practice arrangement or IPA?
[PROBE: Under an IPA plan, a physician's practice would contract with an HMO to treat HMO patients on a fee-for-service basis.]

1 [ ] YES

2 [ ] NO

H8. Does the hospital where you perform most of your hospital work have a resident training program or not?

1 [ ] YES

2 [ ] NO (SKIP TO H11)

3 [ ] INAP, DOES NOT PROVIDE CARE IN ANY HOSPITAL (SKIP TO H12)

H9. Does that hospital have a resident training program in your specialty?

1 [ ] YES

2 [ ] NO

H10. Counting residents in all specialties, would you say that hospital has more or less than 50 residents in training?

1 [ ] MORE THAN 50

2 [ ] LESS THAN 50

H11. How many beds does that hospital have - fewer than 100, 100 to 300, 300 to 500, or over 500?

1 [ ] FEWER THAN 100
2 [ ] 100 TO 300
1 [ ] 300 TO 500
2 [ ] OVER 500

H12. In what year did you graduate from medical school?

_____________ YEAR

H13. Are you board certified?

1 [ ] YES
2 [ ] NO (SKIP TO H14)

H13a. In what specialty are you certified?

____

____

H14. Do you or your practice accept assignment from Medicare patients for your services?

1 [ ] YES
2 [ ] NO

H15. Do you or your practice accept patients whose primary medical coverage is your state's Medicaid program?

1 [ ] YES
2 [ ] NO

H16. We need to get a general idea of your income, because that's a variable that may be related to how procedures are rated. We just need your answer in a large range. During 1986, about how much was your own income from your medical practice after expenses but before taxes. Please include fees, salaries, retainers and other forms of compensation.

Was it less than $100,000, 100,000 to $200,000, or over $200,000?

1 ☐ UNDER $100,000

Was it more or less than $70,000?

☐ UNDER $70,000
☐ OVER $70,000

2 ☐ $100,000 TO $200,000

Was it less than $125,000, $125,000 to $150,000, or over $150,000?

☐ LESS THAN $125,000
☐ $125,000 TO $150,000
☐ OVER $150,000

3 ☐ OVER $200,000

Was it more or less than $250,000?

☐ UNDER $250,000
☐ OVER $250,000

H17. Last, had you heard about this study before we contacted you about this interview?

1 ☐ YES

2 ☐ NO (THANK R AND CONCLUDE INTERVIEW)

H18. From what source was that?

____

Thank you for your time and help in answering these questions.

TIME NOW: ____________

Appendix I

INTERVIEWER COMMENTS

COVERSHEET NUMBER ________

INTERVIEWER ________________

INTERVIEWER ID #______________

FOR OFFICE USE

NATIONAL PHYSICIANS SURVEY

(THORACIC/CARDIOVASCULAR SURGERY)

Center for Survey Research
University of Massachusetts-Boston

and

Harvard School of Public Health

February/March, 1987

THOR/
CARD

Appendix I

Before we start, let me tell you a few things about this survey. The Center for Survey Research at the University of Massachusetts is conducting interviews for the Harvard School of Public Health. The sponsor of the project is the Health Care Financing Administration. We are interested in the complexity and time involved in certain medical procedures and services. You will be asked about procedures which are common in your specialty. Data collected in this study are likely to be used in physician reimbursement policy.

Your answers are completely confidential and will never be used in any way that could link them to you. They will be combined with other answers for statistical analysis.

Do you have any questions before we start?

TIME NOW: ____________

A. PROCEDURE OR SERVICE TIME

First, I'd like you to tell me how many minutes it usually takes you to complete each of the set of procedures. The list was in the packet of information you received in the mail.

AA. Do you have the list in front of you?

1 [ ] YES

2 [ ] NO

* * * * * *

In this section, we only want you to count the time it takes for you to do the procedure itself on the average patient; do not count time you spend either before or after the service described.

On average, how long does it take to do (the/a/an) (READ EACH).....

		MINUTES
A1.	Permanent single chamber cardiac pacemaker implantation with single transvenous electrode insertion into ventricle in 70 year old female with bradyarrythmia, no acute MI or significant co-morbidity.	________
A1a.	Redo CABG (3 arteries); first reoperation in 68 year old male, 3 year post original triple vein graft procedure, patent mammary artery, ejection fraction = 50%, with no complicating associated disease.	________
A2b.	Chest tube insertion for spontaneous pneumothorax, in 20 year old.	________
A3c.	Follow-up hospital visit, day 1 post-op chest tube insertion for spontaneous pneumothorax in 20 year old.	________
A4d.	Primary triple vessel coronary artery bypass graft --CABGx3--, 65 year old male, ejection fraction = 50%, with no complicating associated disease.	________
A5e.	Hospital visit, day 2 post-op, following triple coronary artery bypass graft, 65 year old male, with no complicating associated disease.	________
A6f.	Initial hospital evaluation of pulmonary tumor in 45 year old smoker, previously in good health.	________

A7g Primary diagnostic fiberoptic bronchoscopy in patient with suspected bronchopulmonary lesion, without biopsy. ________

A8h. Left upper pulmonary lobectomy, for squamous bronchogenic carcinoma ________

A9i Prosthetic graft replacement of 10 centimeter abdominal infrarenal aortic aneurysm in 65 year old male, elective repair, without significant co-morbidity. ________

A10j. Mediastinoscopy in patient with suspected paratracheal lymph nodes. ________

A11k. Extensive initial office evaluation of 70 year old woman with increasing dysphagia. ________

A12l. Thoracentesis for total evacuation in patient with effusion and suspected pulmonary tumor. ________

A13m. Initial pericardiocentesis, 35 year old male post chest trauma. ________

A14n. Initial office evaluation of 50 year old male with aortic aneurysm, with respect to recommendation for surgery. ________

A15o. Carotid endarterectomy, unilateral, 58 year old female, with history of transient ischemic attacks ________

A16p. Repair ventricular septal defect in 5 year old child ________

A17q. Insertion, management, and subsequent removal of intra - aortic balloon pump immediately following CABG surgery. Device required for 48 hours. ________

A18r Tracheostomy, emergency procedure, transtracheal in adult for partial airway obstruction post trauma. ________

A19s. Total esophagectomy with gastroesophageal anastomosis in chest. ________

A20t. Primary aortic valve replacement in 50 year old female, prosthetic valve, ejection fraction = 50%, with no complicating associated disease. ________

A21u. Evaluation of 65 year old male, new patient, with chronic stable angina and coronary artery disease, referred by cardiologist for coronary bypass surgery. ________

B. TIME REQUIRED FOR SURGICAL CARE

Now I want you to estimate the time you normally spend on activities related to surgery (other than the time to do the surgery itself) when the patient is in the hospital.

TIME IN MINUTES

B1. Let's use a left upper pulmonary lobectomy, for squamous bronchogenic carcinoma as an example.

On average, how many minutes would you spend on (READ B1a).... (How about (READ B1b)?)

B1a the hospital admission workup and hospital visits before the operation? ____________

B1b dressing, scrubbing, and waiting before the operation? ____________

B1c. providing immediate postoperative care, including dictating operative notes, talking with the family and other physicians, writing orders, and checking in on the patient in the recovery room? ____________

B1d. additional post-operative follow-up the day of the surgery? ____________

B1e. On average, how many days do you see the patient in the hospital after the day of surgery for Left upper pulmonary lobectomy? ____________ (DAYS)

[ ] NONE (SKIP TO B2)

B1f On each of those days after surgery, how many minutes do you spend, on average, seeing the patient? ____________ (MINUTES)

B2 Now let's use a chest tube insertion for spontaneous pneumothorax, in 20 year old as an example.

On average, how many minutes would you spend on (READ B1a).... (How about (READ B1b)?)

B2a. the hospital admission workup and hospital visits before the operation? ________

B2b dressing, scrubbing, and waiting before the operation? ________

B2c providing immediate postoperative care, including dictating operative notes, talking with the family and other physicians, writing orders, and checking in on the patient in the recovery room? ________

B2d. additional post-operative follow-up the day of the surgery? ________

B2e. On average, how many days do you see the patient in the hospital after the day of surgery for a chest tube insertion? ________ (DAYS)

☐ NONE (SKIP TO B3)

B2f. On each of those days after surgery, how many minutes do you spend, on average, seeing the patient? ________ (MINUTES)

B3. As a final example, use a primary triple vessel coronary artery bypass graft --CABGx3--, 65 year old male, ejection fraction = 50%, with no complicating associated disease

On average, how many minutes would you spend on (READ B1a).... (How about (READ B1b)?)

B3a. the hospital admission workup and hospital visits before the operation? ______________

B3b. dressing, scrubbing, and waiting before the operation? ______________

B3c. providing immediate postoperative care, including dictating operative notes, talking with the family and other physicians, writing orders, and checking in on the patient in the recovery room? ______________

B3d. additional post-operative follow-up the day of the surgery? ______________

B3e. On average, how many days do you see the patient in the hospital after the day of surgery for a primary CABGx3--, ______________ (DAYS)

[ ] NONE (SKIP TO C)

B3f On each of those days after surgery, how many minutes do you spend, on average, seeing the patient? ______________ (MINUTES)

C. MAGNITUDE ESTIMATION: WORK (1)

Next let's talk about how much work is involved in various procedures you perform within your specialty. The packet we sent to you discussed the method we would like you to use for comparing the procedures. If you have the packet handy, it would be helpful for you to look at a description of the magnitude estimation method as I review it briefly

The standard for all the ratings will be a permanent single chamber cardiac pacemaker implantation with single transvenous electrode insertion into ventricle in 70 year old female with bradyarrythmia, no acute MI or significant co-morbidity. Call this 100. Now with the standard as 100, compare it to each of the other procedures as I read them to you. If the procedure or service I mention is twice as difficult, then your answer would be 200. A procedure half as difficult would be 50, five times as difficult would be 500 and so on.

I am going to ask you to compare each of the procedures to the standard on each of the five dimensions listed at the bottom of the Procedures and Services page. The first dimension is an overall rating of the total amount of work, that is the total time and effort the procedure requires This is an overall rating that includes the time it takes to complete the procedure and the three components that reflect its complexity -- technical skill and physical effort, mental effort and judgement, and concern about iatrogenic risk. After we complete the ratings of total work, we will ask you to individually rate each of the other dimensions listed and to provide a summary rating of each procedure's complexity

In all cases, we want you to try to respond in terms of the average or typical patient requiring the procedure or service.

Do you have any questions about the way I want you to compare the procedures, or what we mean by work?

O.k. let's start.

If a permanent single chamber cardiac pacemaker implantation with single transvenous electrode insertion into ventricle in 70 year old female with bradyarrythmia, no acute MI or significant co-morbidity has a rating of 100, what number would you assign to the total amount of work involved in (the/a/an) (READ EACH)......

C1a. Redo CABG (3 arteries); first reoperation in 68 year old male, 3 year post original triple vein graft procedure, patent mammary artery, ejection fraction = 50%, with no complicating associated disease. ________

INTERVIEWER CHECK: So this procedure requires about _____ total amount of work as the standard?

C2b. Chest tube insertion for spontaneous pneumothorax, in 20 year old. ________

INTERVIEWER CHECK: So this procedure requires about _____ total amount of work as the standard?

C3c. Follow-up hospital visit, day 1 post-op chest tube insertion for spontaneous pneumothorax in 20 year old. ________

C4d. Primary triple vessel coronary artery bypass graft --CABGx3--, 65 year old male, ejection fraction = 50%, with no complicating associated disease. ________

C5e. Hospital visit, day 2 post-op, following triple coronary artery bypass graft, 65 year old male, with no complicating associated disease. ________

C6f Initial hospital evaluation of pulmonary tumor in 45 year old smoker, previously in good health. ________

C7g. Primary diagnostic fiberoptic bronchoscopy in patient with suspected bronchopulmonary lesion, without biopsy. ________

C8h Left upper pulmonary lobectomy, for squamous bronchogenic carcinoma ________

C9i Prosthetic graft replacement of 10 centimeter abdominal infrarenal aortic aneurysm in 65 year old male, elective repair, without significant co-morbidity. ________

C10j Mediastinoscopy in patient with suspected paratracheal lymph nodes. ________

C11k. Extensive initial office evaluation of 70 year old woman with increasing dysphagia. ________

INTERVIEWER CHECK: So this procedure requires about _____ total amount of work as the standard?

C12l. Thoracentesis for total evacuation in patient with effusion and suspected pulmonary tumor. ________

C13m. Initial pericardiocentesis, 35 year old male post chest trauma. ________

C14n. Initial office evaluation of 50 year old male with aortic aneurysm, with respect to recommendation for surgery. ________

C15o. Carotid endarterectomy, unilateral, 58 year old female, with history of transient ischemic attacks. ________

C16p Repair ventricular septal defect in 5 year old child ________

C17q. Insertion, management, and subsequent removal of intra - aortic balloon pump immediately following CABG surgery. Device required for 48 hours ________

C18r. Tracheostomy, emergency procedure, transtracheal in adult for partial airway obstruction post trauma. ________

C19s. Total esophagectomy with gastroesophageal anastomosis in chest. ________

C20t Primary aortic valve replacement in 50 year old female, prosthetic valve, ejection fraction = 50%, with no complicating associated disease. ________

C21u. Evaluation of 65 year old male, new patient, with chronic stable angina and coronary artery disease, referred by cardiologist for coronary bypass surgery. ________

D. MAGNITUDE ESTIMATION (2): LEVEL OF TECHNICAL SKILL AND PHYSICAL EFFORT

Now we want you to rate the same procedures with respect to the level of technical skill and physical effort, including the manual skill and dexterity they require.

If a permanent single chamber cardiac pacemaker implantation with single transvenous electrode insertion into ventricle in 70 year old female with bradyarrythmia, no acute MI or significant co-morbidity has a rating of 100, what number would you assign the **technical skill and physical** effort required to do (the/a/an)....... (READ EACH)

NUMBER

D1a Redo CABG (3 arteries); first reoperation in 68 year old male, 3 year post original triple vein graft procedure, patent mammary artery, ejection fraction = 50%, with no complicating associated disease. ________

INTERVIEWER CHECK: So this procedure requires about _____ technical skill and physical effort as the standard?

D2b. Chest tube insertion for spontaneous pneumothorax, in 20 year old ________

INTERVIEWER CHECK: So this procedure requires about _____ technical skill and physical effort as the standard?

D3c. Follow-up hospital visit, day 1 post-op chest tube insertion for spontaneous pneumothorax in 20 year old. ________

D4d. Primary triple vessel coronary artery bypass graft --CABGx3--, 65 year old male, ejection fraction = 50%, with no complicating associated disease. ________

D5e. Hospital visit, day 2 post-op, following triple coronary artery bypass graft, 65 year old male, with no complicating associated disease. ________

D6f. Initial hospital evaluation of pulmonary tumor in 45 year old smoker, previously in good health. ________

D7g. Primary diagnostic fiberoptic bronchoscopy in patient with suspected bronchopulmonary lesion, without biopsy. ________

D8h. Left upper pulmonary lobectomy, for squamous bronchogenic carcinoma. ________

D9i. Prosthetic graft replacement of 10 centimeter abdominal infrarenal aortic aneurysm in 65 year old male, elective repair, without significant co-morbidity. ________

D10j. Mediastinoscopy in patient with suspected paratracheal lymph nodes. ________

D11k. Extensive initial office evaluation of 70 year old woman with increasing dysphagia. ________

INTERVIEWER CHECK: So this procedure requires about _____ technical skill and physical effort as the standard?

D12l Thoracentesis for total evacuation in patient with effusion and suspected pulmonary tumor. ________

D13m Initial pericardiocentesis, 35 year old male post chest trauma. ________

D14n Initial office evaluation of 50 year old male with aortic aneurysm, with respect to recommendation for surgery. ________

D15o Carotid endarterectomy, unilateral, 58 year old female, with history of transient ischemic attacks. ________

D16p. Repair ventricular septal defect in 5 year old child. ________

D17q. Insertion, management, and subsequent removal of intra - aortic balloon pump immediately following CABG surgery. Device required for 48 hours. ________

D18r. Tracheostomy, emergency procedure, transtracheal in adult for partial airway obstruction post trauma. ________

D19s. Total esophagectomy with gastroesophageal anastomosis in chest. ________

D20t. Primary aortic valve replacement in 50 year old female, prosthetic valve, ejection fraction = 50%, with no complicating associated disease. ________

D21u. Evaluation of 65 year old male, new patient, with chronic stable angina and coronary artery disease, referred by cardiologist for coronary bypass surgery. ________

E. MAGNITUDE ESTIMATION: LEVEL OF MENTAL EFFORT (3)

Now we want you to rate the same procedures with respect to level of mental effort and judgment they require.

If a permanent single chamber cardiac pacemaker implantation with single transvenous electrode insertion into ventricle in 70 year old female with bradyarrythmia, no acute MI or significant co-morbidity has a rating of 100, what number would you assign to the level of mental effort and judgment required to do (the/a/an)...... (READ EACH)

NUMBER

E1a Redo CABG (3 arteries); first reoperation in 68 year old male, 3 year post original triple vein graft procedure, patent mammary artery, ejection fraction = 50%, with no complicating associated disease ________

INTERVIEWER CHECK: So this procedure requires about ______ mental effort and judgment as the standard?

E2b. Chest tube insertion for spontaneous pneumothorax, in 20 year old. ________

INTERVIEWER CHECK: So this procedure requires about ______ mental effort and judgment as the standard?

E3c Follow-up hospital visit, day 1 post-op chest tube insertion for spontaneous pneumothorax in 20 year old. ________

E4d Primary triple vessel coronary artery bypass graft --CABGx3--, 65 year old male, ejection fraction = 50%, with no complicating associated disease. ________

E5e. Hospital visit, day 2 post-op, following triple coronary artery bypass graft, 65 year old male, with no complicating associated disease. ________

E6f. Initial hospital evaluation of pulmonary tumor in 45 year old smoker, previously in good health. ________

E7g. Primary diagnostic fiberoptic bronchoscopy in patient with suspected bronchopulmonary lesion, without biopsy. ________

E8h. Left upper pulmonary lobectomy, for squamous bronchogenic carcinoma. ________

E9i. Prosthetic graft replacement of 10 centimeter abdominal infrarenal aortic aneurysm in 65 year old male, elective repair, without significant co-morbidity. ________

E10j. Mediastinoscopy in patient with suspected paratracheal lymph nodes. ________

E11k. Extensive initial office evaluation of 70 year old woman with increasing dysphagia ________

INTERVIEWER CHECK: So this procedure requires about ______ mental effort and judgment as the standard?

E12l. Thoracentesis for total evacuation in patient with effusion and suspected pulmonary tumor. ________

E13m. Initial pericardiocentesis, 35 year old male post chest trauma. ________

E14n Initial office evaluation of 50 year old male with aortic aneurysm, with respect to recommendation for surgery. ________

E15o. Carotid endarterectomy, unilateral, 58 year old female, with history of transient ischemic attacks. ________

E16p Repair ventricular septal defect in 5 year old child. ________

E17q. Insertion, management, and subsequent removal of intra - aortic balloon pump immediately following CABG surgery. Device required for 48 hours. ________

E18r. Tracheostomy, emergency procedure, transtracheal in adult for partial airway obstruction post trauma. ________

E19s. Total esophagectomy with gastroesophageal anastomosis in chest. ________

E20t. Primary aortic valve replacement in 50 year old female, prosthetic valve, ejection fraction = 50%, with no complicating associated disease. ________

E21u. Evaluation of 65 year old male, new patient, with chronic stable angina and coronary artery disease, referred by cardiologist for coronary bypass surgery ________

F. MAGNITUDE ESTIMATION: IATROGENIC RISK (4)

Now we want you to rate the same procedures with respect to the **risk** of iatrogenic harm or complications for the patient. This may include the risk associated with mis-diagnosis. Consider in your rating the stress on a physician due to concern about these risks.

If a permanent single chamber cardiac pacemaker implantation with single transvenous electrode insertion into ventricle in 70 year old female with bradyarrythmia, no acute MI or significant co-morbidity has a rating of 100, what number would you assign to the **iatrogenic risk** when doing (the/a/an)..... (READ EACH)

NUMBER

F1a. Redo CABG (3 arteries); first reoperation in 68 year old male, 3 year post original triple vein graft procedure, patent mammary artery, ejection fraction = 50%, with no complicating associated disease. ______

INTERVIEWER CHECK: So this procedure involves about ______ iatrogenic **risk** as the standard?

F2b. Chest tube insertion for spontaneous pneumothorax, in 20 year old. ______

INTERVIEWER CHECK: So this procedure involves about ______ iatrogenic **risk** as the standard?

F3c. Following hospital visit, day 1 post-op chest tube insertion for spontaneous pneumothorax in 20 year old. ______

F4d. Primary triple vessel coronary artery bypass graft --CABGx3--, 65 year old male, ejection fraction = 50%, with no complicating associated disease. ______

F5e. Hospital visit, day 2 post-op, following triple coronary artery bypass graft, 65 year old male, with no complicating associated disease. ______

F6f. Initial hospital evaluation of pulmonary tumor in 45 year old smoker, previously in good health. ______

F7g Primary diagnostic fiberoptic bronchoscopy in patient with suspected bronchopulmonary lesion, without biopsy. ________

F8h. Left upper pulmonary lobectomy, for squamous bronchogenic carcinoma. ________

F9i Prosthetic graft replacement of 10 centimeter abdominal infrarenal aortic aneurysm in 65 year old male, elective repair, without significant co-morbidity. ________

F10j Mediastinoscopy in patient with suspected paratracheal lymph nodes. ________

F11k. Extensive initial office evaluation of 70 year old woman with increasing dysphagia. ________

INTERVIEWER CHECK: So this procedure involves about _____ iatrogenic risk as the standard?

F12l. Thoracentesis for total evacuation in patient with effusion and suspected pulmonary tumor. ________

F13m Initial pericardiocentesis, 35 year old male post chest trauma. ________

F14n. Initial office evaluation of 50 year old male with aortic aneurysm, with respect to recommendation for surgery. ________

F15o. Carotid endarterectomy, unilateral, 58 year old female, with history of transient ischemic attacks. ________

F16p. Repair ventricular septal defect in 5 year old child. ________

F17q. Insertion, management, and subsequent removal of intra - aortic balloon pump immediately following CABG surgery. Device required for 48 hours. ________

F18r. Tracheostomy, emergency procedure, transtracheal in adult for partial airway obstruction post trauma. ________

F19s. Total esophagectomy with gastroesophageal anastomosis in chest. ________

F20t. Primary aortic valve replacement in 50 year old female, prosthetic valve, ejection fraction - 50%, with no complicating associated disease. ________

F21u. Evaluation of 65 year old male, new patient, with chronic stable angina and coronary artery disease, referred by cardiologist for coronary bypass surgery. ________

G. MAGNITUDE ESTIMATION: COMPLEXITY (5)

Now we want you to provide a summary rating of the complexity of these same procedures In making this summary rating, we want you to consider each of the other three components listed - that is technical skill and physical effort, mental effort and judgment, and concern about iatrogenic risk, regardless of the time a procedure or service takes to do.

If a permanent single chamber cardiac pacemaker implantation with single transvenous electrode insertion into ventricle in 70 year old female with bradyarrythmia, no acute MI or significant co-morbidity has a rating of 100, what number would you give the **complexity** of (the/a/an) (READ EACH)

G1a. Redo CABG (3 arteries); first reoperation in 68 year old male, 3 year post original triple vein graft procedure, patent mammary artery, ejection fraction = 50%, with no complicating associated disease. ________

INTERVIEWER CHECK: So this procedure is about _____ as **complex** as the standard?

G2b Chest tube insertion for spontaneous pneumothorax, in 20 year old. ________

INTERVIEWER CHECK: So this procedure is about _____ as **complex** as the standard?

G3c Follow-up hospital visit, day 1 post-op chest tube insertion for spontaneous pneumothorax in 20 year old. ________

G4d. Primary triple vessel coronary artery bypass graft --CABGx3--, 65 year old male, ejection fraction = 50%, with no complicating associated disease. ________

G5e. Hospital visit, day 2 post-op, following triple coronary artery bypass graft, 65 year old male, with no complicating associated disease. ________

G6f. Initial hospital evaluation of pulmonary tumor in 45 year old smoker, previously in good health. ________

G7g. Primary diagnostic fiberoptic bronchoscopy in patient with suspected bronchopulmonary lesion, without biopsy. ________

G8h. Left upper pulmonary lobectomy, for squamous bronchogenic carcinoma. ________

G9i. Prosthetic graft replacement of 10 centimeter abdominal infrarenal aortic aneurysm in 65 year old male, elective repair, without significant co-morbidity. ________

G10j. Mediastinoscopy in patient with suspected paratracheal lymph nodes. ________

G11k. Extensive initial office evaluation of 70 year old woman with increasing dysphagia. ________

INTERVIEWER CHECK: So this procedure is about ______ as complex as the standard?

G12l. Thoracentesis for total evacuation in patient with effusion and suspected pulmonary tumor. ________

G13m. Initial pericardiocentesis, 35 year old male post chest trauma. ________

G14n. Initial office evaluation of 50 year old male with aortic aneurysm, with respect to recommendation for surgery. ________

G15o. Carotid endarterectomy, unilateral, 58 year old female, with history of transient ischemic attacks. ________

G16p. Repair ventricular septal defect in 5 year old child. ________

G17q. Insertion, management, and subsequent removal of intra - aortic balloon pump immediately following CABG surgery. Device required for 48 hours. ________

G18r. Tracheostomy, emergency procedure, transtracheal in adult for partial airway obstruction post trauma. ________

G19s. Total esophagectomy with gastroesophageal anastomosis in chest. ________

G20t. Primary aortic valve replacement in 50 year old female, prosthetic valve, ejection fraction = 50%, with no complicating associated disease. ________

G21u Evaluation of 65 year old male, new patient, with chronic stable angina and coronary artery disease, referred by cardiologist for coronary bypass surgery. ________

H. DEMOGRAPHIC DATA

Finally, I'd like to get some background information on you and your medical practice. I would like to remind you that all answers are confidential, and no individuals will be identified in any report.

H1 In your main medical practice, are you the owner of your own practice (full or part owner), are you employed by another physician or group of physicians, or are you an employee of some other kind of organization?

1 ☐ OWNER

2 ☐ EMPLOYED BY OTHER PHYSICIAN OR GROUP

3 ☐ OTHER ORGANIZATION (SKIP TO H3)

H2. Including yourself, how many other physicians are associated with your practice for at least 20 hours a week?

____________ PHYSICIANS (SKIP TO H4)

H3 In what kind of organization are you employed in your main medical practice - a hospital, an HMO, or some other kind of organization? (What kind of organization?)

1 ☐ HOSPITAL

2 ☐ HMO

3 ☐ OTHER (SPECIFY) ________________________

____

____

H4 Do you receive the majority of your compensation for practicing medicine from fee for service, from salary, or from some other arrangement?

1 ☐ FEE FOR SERVICE (SKIP TO H6)

2 ☐ SALARY

(SKIP TO H8)

3 ☐ OTHER

H5 (OMITTED)

H6 Do you or your practice have a contract with a preferred provider organization, or PPO?
[PROBE: A preferred provider organization or PPO markets the services of a select panel of health care providers for a discounted charge. The patients pay for services on a previously negotiated predominated fee-for-service basis. Also, patients have an economic incentive to use the panel rather than other health care providers.]
NOTE: A PPO IS NOT AN HMO.

1 [ ] YES

2 [ ] NO

H7. Are you or is your practice a member of an individual practice arrangement or IPA?
[PROBE: Under a IPA plan, a physician's practice would contract with an HMO to treat HMO patients on a fee-for-service basis.]

1 [ ] YES

2 [ ] NO

H8 Does the hospital where you perform most of your hospital work have a resident training program or not?

1 [ ] YES

2 [ ] NO (SKIP TO H11)

3 [ ] INAP, DOES NOT PROVIDE CARE IN ANY HOSPITAL
(SKIP TO H12)

H9. Does that hospital have a resident training program in your specialty?

1 [ ] YES

2 [ ] NO

H10. Counting residents in all specialties, would you say that hospital has more or less than 50 residents in training?

1 [ ] MORE THAN 50

2 [ ] LESS THAN 50

H11. How many beds does that hospital have - fewer than 100, 100 to 300, 300 to 500, or over 500?

1 [ ] FEWER THAN 100

2 [ ] 100 TO 300

1 [ ] 300 TO 500

2 [ ] OVER 500

H12 In what year did you graduate from medical school?

_____________ YEAR

H13. Are you board certified?

1 [ ] YES

2 [ ] NO (SKIP TO H14)

H13a. In what specialty are you certified?

____

____

H14 Do you or your practice accept assignment from Medicare patients for your services?

1 [ ] YES

2 [ ] NO

H15 Do you or your practice accept patients whose primary medical coverage is your state's Medicaid program?

1 [ ] YES

2 [ ] NO

H16. We need to get a general idea of your income, because that's a variable that may be related to how procedures are rated. We just need your answer in a large range. During 1986, about how much was your own income from your medical practice after expenses but before taxes. Please include fees, salaries, retainers and other forms of compensation.

Was it less than $100,000, 100,000 to $200,000, or over $200,000?

1 ☐ UNDER $100,000

Was it more or less than $70,000?

☐ UNDER $70,000
☐ OVER $70,000

2 ☐ $100,000 TO $200,000

Was it less than $125,000, $125,000 to $150,000, or over $150,000?

☐ LESS THAN $125,000
☐ $125,000 TO $150,000
☐ OVER $150,000

3 ☐ OVER $200,000

Was it more or less than $250,000?

☐ UNDER $250,000
☐ OVER $250,000

H17. Last, had you heard about this study before we contacted you about this interview?

1 ☐ YES

2 ☐ NO (THANK R AND CONCLUDE INTERVIEW)

H18. From what source was that?

____

Thank you for your time and help in answering these questions.

TIME NOW: ____________

Appendix I

INTERVIEWER COMMENTS

Appendix I

COVERSHEET NUMBER __________

INTERVIEWER __________________________

INTERVIEWER ID# ______________

FOR OFFICE USE

NATIONAL PHYSICIANS SURVEY

(UROLOGY)

Center for Survey Research
University of Massachusetts-Boston

and

Harvard School of Public Health

February/March, 1987

URO

Appendix I

Before we start, let me tell you a few things about this survey. The Center for Survey Research at the University of Massachusetts is conducting interviews for the Harvard School of Public Health. The sponsor of the project is the Health Care Financing Administration. We are interested in the complexity and time involved in certain medical procedures and services. You will be asked about procedures which are common in your specialty. Data collected in this study may be used in physician reimbursement policy.

Your answers are completely confidential and will never be used in any way that could link them to you. They will be combined with other answers for statistical analysis.

Do you have any questions before we start?

Appendix I

TIME NOW: ____________

A. PROCEDURE OR SERVICE TIME

First, I'd like you to tell me how many minutes it usually takes you to complete each of the set of procedures. The list was in the packet of information you received in the mail.

AA. Do you have the list in front of you?

1 ☐ YES

2 ☐ NO

* * * * * *

In this section, we only want you to count the time it takes for you to do the procedure itself on the average patient; do not count time you spend either before or after the service described.

On average, how long does it take to do (the/a/an) (READ EACH).....

		MINUTES
A1.	Diagnostic cystoscopy in hospital, ambulatory surgery, in male with microhematuria.	________
A1a.	Total cystectomy and ileal loop, urinary diversion, with total radical lymphadenectomy.	________
A2b.	Follow up hospital visit 2 days post uncomplicated TURP in 70 year old male.	________
A3c.	Fulguration and resection of medium bladder tumor, 2 to 5 centimeters, in 65 year old male.	________
A4d.	Office evaluation of new onset right lower quadrant pain in a 32 year old woman, established patient.	________
A5e.	Insertion of non-inflatable, semi-rigid, penile prosthesis in 60 year old male.	________
A6f.	Initial consult for infertility in 35 year old male.	________
A7g.	Initial office evaluation for diagnosis and management of painless gross hematuria in new patient, without cystoscopy.	________
A8h.	Transurethral resection of prostate, TURP, medium sized gland for BPH in 70 year old male.	________
A9i.	Diagnostic cystoscopy, office procedure in male with microhematuria.	________

A10j. Initial evaluation and management of recurrent renal calculi in 40 year old male. ________

A11k. Cystoscopic laser therapy for superficial bladder tumor, in hospital. ________

A12l. Percutaneous nephrostolithotomy, one stage, 2 centimeter stone or less. ________

A13m. Extracorporeal shock wave lithotripsy, single treatment, 2 centimeter single renal pelvic stone. ________

A14n. Ureteroscopy with removal of calculus. ________

A15o. Initial evaluation and management of recurrent urinary tract infection in female. ________

A16p. Cystometrogram using calibrated electronic equipment for possible neurogenic disorder. ________

A17q. Cystourethroscopy with insertion of indwelling ureteral stent. ________

A18r. Semen analysis for infertility. ________

A19s. Initial evaluation and management of unexplained renal failure in a 40 year old female. ________

A20t. Uncomplicated indirect inguinal hernia repair, 45 year old male. ________

Since the list was mailed to you, researchers discovered that a procedure performed by many urologists was not included on that list. We would like you to rate this procedure now.

A21u. Bilateral vasectomy, including post-operative semen examinations. ________

B. TIME REQUIRED

B. TIME REQUIRED FOR SURGICAL CARE

Now I want you to estimate the time you normally spend on activities related to surgery (other than the time to do the surgery itself) when the patient is in the hospital.

TIME IN MINUTES

B1. Let's use a transurethral resection of prostate, TURP, medium sized gland for BPH in 70 year old male as an example.

On average, how many minutes would you spend on (READ B1a).... (How about (READ B1b)?)

B1a. the hospital admission workup and hospital visits before the operation? ______________

B1b. dressing, scrubbing, and waiting before the operation? ______________

B1c. providing immediate postoperative care, including dictating operative notes, talking with the family and other physicians, writing orders, and checking in on the patient in the recovery room? ______________

B1d. additional post-operative follow-up the day of the surgery? ______________

B1e. On average, how many days do you see the patient in the hospital *after* the day of surgery for TURP for BPH? ______________ (DAYS)

[ ] NONE (SKIP TO B2)

B1f. On each of those days after surgery, how many minutes do you spend, on average, seeing the patient? ______________ (MINUTES)

H

B2. Now let's use a diagnostic cystoscopy in hospital, ambulatory surgery, in male with microhematuria as an examplc.

On average, how many minutes would you spend on (READ B1a).... (How about (READ B1b)?)

B2a. the hospital admission workup and hospital visits before the operation? ______________

B2b. dressing, scrubbing, and waiting before the operation? ______________

B2c. providing immediate postoperative care, including dictating operative notes, talking with the family and other physicians, writing orders, and checking in on the patient in the recovery room? ______________

B2d. additional post-operative follow-up the day of the surgery?

B2e. On average, how many times do you see the patient after the day of surgery for diagnostic cystoscopy? ______________ (DAYS)

[ ] NONE (SKIP TO B3)

B2f. On each of those times, how many minutes do you spend, on average, seeing the patient? ______________ (MINUTES)

B3. As a final example, use a percutaneous nephrostolithotomy, one stage, 2cm. stone or less.

On average, how many minutes would you spend on (READ B1a).... (How about (READ B1b)?)

B3a. the hospital admission workup and hospital visits before the operation? ______

B3b. dressing, scrubbing, and waiting before the operation? ______

B3c. providing immediate postoperative care, including dictating operative notes, talking with the family and other physicians, writing orders, and checking in on the patient in the recovery room? ______

B3d. additional post-operative follow-up the day of the surgery? ______

B3e. On average, how many days do you see the patient in the hospital *after* the day of surgery for percutaneous nephrostolithotomy? ______ (DAYS)

[ ] NONE (SKIP TO C)

B3f. On each of those days after surgery, how many minutes do you spend, on average, seeing the patient? ______ (MINUTES)

4

C. MAGNITUDE ESTIMATION: WORK (1)

Next let's talk about how much work is involved in various procedures you perform within your specialty. The packet we sent to you discussed the method we would like you to use for comparing the procedures. If you have the packet handy, it would be helpful for you to look at a description of the magnitude estimation method as I review it briefly.

The standard for all the ratings will be a diagnostic cystoscopy in hospital, ambulatory surgery, in male with microhematuria. Call this 100. Now with the standard as 100, compare it to each of the other procedures as I read them to you. If the procedure or service I mention is twice as difficult, then your answer would be 200. A procedure half as difficult would be 50, five times as difficult would be 500 and so on.

I am going to ask you to compare each of the procedures to the standard on each of the five dimensions listed at the bottom of the Procedures and Services page. The first dimension is an overall rating of the total amount of work, that is the total time and effort the procedure requires. This is an overall rating that includes the time it takes to complete the procedure and the three components that reflect its complexity -- technical skill and physical effort, mental effort and judgement, and concern about iatrogenic risk. After we complete the ratings of total work, we will ask you to individually rate each of the other dimensions listed and to provide a summary rating of each procedure's complexity.

In all cases, we want you to try to respond in terms of the average or typical patient requiring the procedure or service.

Do you have any questions about the way I want you to compare the procedures, or what we mean by work?

O.k. let's start.

If a diagnostic cystoscopy in hospital, ambulatory surgery, in male with microhematuria has a rating of 100, what number would you assign to the total amount of work involved in (the/a/an) (READ EACH)......

NUMBER

C1a. Total cystectomy and ileal loop, urinary diversion, with total radical lymphadenectomy. ________

INTERVIEWER CHECK: So this procedure requires about _____ total amount of work as the standard?

C2b. Follow up hospital visit 2 days post uncomplicated TURP in 70 year old male. ________

INTERVIEWER CHECK: So this procedure requires about _____ total amount of work as the standard?

C3c. Fulguration and resection of medium bladder tumor, 2 to 5 centimeters, in 65 year old male. ________

C4d. Office evaluation of new onset right lower quadrant pain in a 32 year old woman, established patient. ________

C5e. Insertion of non-inflatable, semi-rigid, penile prosthesis in 60 year old male. ________

C6f. Initial consult for infertility in 35 year old male. ________

C7g. Initial office evaluation for diagnosis and management of painless gross hematuria in new patient, without cystoscopy. ________

C8h. Transurethral resection of prostate, TURP, medium sized gland for BPH in 70 year old male. ________

C9i. Diagnostic cystoscopy, office procedure in male with microhematuria. ________

C10j. Initial evaluation and management of recurrent renal calculi in 40 year old male. ________

C11k. Cystoscopic laser therapy for superficial bladder tumor, in hospital. ________

INTERVIEWER CHECK: So this procedure requires about _____ total amount of work as the standard?

C12l Percutaneous nephrostolithotomy, one stage, 2 centimeter stone or less ________

C13m. Extracorporeal shock wave lithotripsy, single treatment, 2 centimeter single renal pelvic stone. ________

C14n. Ureteroscopy with removal of calculus. ________

C15o. Initial evaluation and management of recurrent urinary tract infection in female. ________

C16p. Cystometrogram using calibrated electronic equipment for possible neurogenic disorder. __________

C17q. Cystourethroscopy with insertion of indwelling ureteral stent. __________

C18r. Semen analysis for infertility. __________

C19s Initial evaluation and management of unexplained renal failure in a 40 year old female. __________

C20t. Uncomplicated indirect inguinal hernia repair, 45 year old male. __________

21u. Bialteral vasectomy, including post-operative semen examinations. __________

D. MAGNITUDE ESTIMATION (2): LEVEL OF TECHNICAL SKILL AND PHYSICAL EFFORT

Now we want you to rate the same procedures with respect to the level of technical skill and physical effort, including the manual skill and dexterity they require.

If a diagnostic cystoscopy in hospital, ambulatory surgery, in male with microhematuria has a rating of 100, what number would you assign the technical skill and physical effort required to do (the/a/an).......
(READ EACH)

NUMBER

D1a. Total cystectomy and ileal loop, urinary diversion, with total radical lymphadenectomy. ________

INTERVIEWER CHECK: So this procedure requires about _____ technical skill and physical effort as the standard?

D2b. Follow up hospital visit 2 days post uncomplicated TURP in 70 year old male. ________

INTERVIEWER CHECK: So this procedure requires about _____ technical skill and physical effort as the standard?

D3c. Fulguration and resection of medium bladder tumor, 2 to 5 centimeters, in 65 year old male. ________

D4d. Office evaluation of new onset right lower quadrant pain in a 32 year old woman, established patient. ________

D5e. Insertion of non-inflatable, semi-rigid, penile prosthesis in 60 year old male. ________

D6f. Initial consult for infertility in 35 year old male. ________

D7g. Initial office evaluation for diagnosis and management of painless gross hematuria in new patient, without cystoscopy. ________

D8h. Transurethral resection of prostate, TURP, medium sized gland for BPH in 70 year old male. ________

D9i. Diagnostic cystoscopy, office procedure in male with microhematuria. ______

D10j. Initial evaluation and management of recurrent renal calculi in 40 year old male. ______

D11k. Cystoscopic laser therapy for superficial bladder tumor, in hospital ______

INTERVIEWER CHECK: So this procedure requires about _____ technical skill and physical effort as the standard?

D12l Percutaneous nephrostolithotomy, one stage, 2 centimeter stone or less. ______

D13m Extracorporeal shock wave lithotripsy, single treatment, 2 centimeter single renal pelvic stone. ______

D14n Ureteroscopy with removal of calculus. ______

D15o Initial evaluation and management of recurrent urinary tract infection in female ______

D16p Cystometrogram using calibrated electronic equipment for possible neurogenic disorder ______

D17q Cystourethroscopy with insertion of indwelling ureteral stent. ______

D18r Semen analysis for infertility. ______

D19s. Initial evaluation and management of unexplained renal failure in a 40 year old female. ______

D20t Uncomplicated indirect inguinal hernia repair, 45 year old male. ______

21u. Bilateral vasectomy, including post-operative semen examinations. ______

E. MAGNITUDE ESTIMATION: LEVEL OF MENTAL EFFORT (3)

Now we want you to rate the same procedures with respect to the level of mental effort and judgment they require.

If a diagnostic cystoscopy in hospital, ambulatory surgery, in male with microhematuria has a rating of 100, what number would you assign to the level of mental effort and judgment required to do (the/a/an).... (READ EACH)

NUMBER

E1a. Total cystectomy and ileal loop, urinary diversion, with total radical lymphadenectomy. ________

INTERVIEWER CHECK: So this procedure requires about _____ mental effort and judgment as the standard?

E2b. Follow up hospital visit 2 days post uncomplicated TURP in 70 year old male. ________

INTERVIEWER CHECK: So this procedure requires about _____ mental effort and judgment as the standard?

E3c. Fulguration and resection of medium bladder tumor, 2 to 5 centimeters, in 65 year old male. ________

E4d. Office evaluation of new onset right lower quadrant pain in a 32 year old woman, established patient. ________

E5e. Insertion of non-inflatable, semi-rigid, penile prosthesis in 60 year old male. ________

E6f. Initial consult for infertility in 35 year old male. ________

E7g. Initial office evaluation for diagnosis and management of painless gross hematuria in new patient, without cystoscopy. ________

E8h. Transurethral resection of prostate, TURP, medium sized gland for BPH in 70 year old male. ________

E9i. Diagnostic cystoscopy, office procedure in male with microhematuria. ________

E10j. Initial evaluation and management of recurrent renal calculi in 40 year old male. ________

E11k. Cystoscopic laser therapy for superficial bladder tumor, in hospital. ________

INTERVIEWER CHECK: So this procedure requires about _____ mental effort and judgment as the standard?

E12l. Percutaneous nephrostolithotomy, one stage, 2 centimeter stone or less. ________

E13m. Extracorporeal shock wave lithotripsy, single treatment, 2 centimeter single renal pelvic stone. ________

E14n. Ureteroscopy with removal of calculus. ________

E15o. Initial evaluation and management of recurrent urinary tract infection in female. ________

E16p. Cystometrogram using calibrated electronic equipment for possible neurogenic disorder. ________

E17q. Cystourethroscopy with insertion of indwelling ureteral stent. ________

E18r. Semen analysis for infertility. ________

E19s. Initial evaluation and management of unexplained renal failure in a 40 year old female. ________

E20t. Uncomplicated indirect inguinal hernia repair, 45 year old male. ________

21u. Bilateral vasectomy, including post-operative semen examinations. ________

F. MAGNITUDE ESTIMATION: IATROGENIC RISK (4)

Now we want you to rate the same procedures with respect to the risk of iatrogenic harm or complications for the patient. This may include the risk associated with mis-diagnosis. Consider in your rating the stress on a physician due to concern about these risks.

If a diagnostic cystoscopy in hospital, ambulatory surgery, in male with microhematuria has a rating of 100, what number would you assign to the iatrogenic risk when doing (the/a/an)..... (READ EACH)

NUMBER

F1a. Total cystectomy and ileal loop, urinary diversion, with total radical lymphadenectomy. ________

INTERVIEWER CHECK: So this procedure involves about _____ iatrogenic risk as the standard?

F2b. Follow up hospital visit 2 days post uncomplicated TURP in 70 year old male. ________

INTERVIEWER CHECK: So this procedure involves about _____ iatrogenic risk as the standard?

F3c. Fulguration and resection of medium bladder tumor, 2 to 5 centimeters, in 65 year old male. ________

F4d. Office evaluation of new onset right lower quadrant pain in a 32 year old woman, established patient. ________

F5e. Insertion of non-inflatable, semi-rigid, penile prosthesis in 60 year old male. ________

F6f. Initial consult for infertility in 35 year old male. ________

F7g. Initial office evaluation for diagnosis and management of painless gross hematuria in new patient, without cystoscopy. ________

F8h. Transurethral resection of prostate, TURP, medium sized gland for BPH in 70 year old male. ________

F9i. Diagnostic cystoscopy, office procedure in male with microhematuria. ________

F10j. Initial evaluation and management of recurrent renal calculi in 40 year old male. ________

F11k. Cystoscopic laser therapy for superficial bladder tumor, in hospital. ________

INTERVIEWER CHECK: So this procedure involves about ______ iatrogenic risk as the standard?

F12l. Percutaneous nephrostolithotomy, one stage, 2 centimeter stone or less. ________

F13m. Extracorporeal shock wave lithotripsy, single treatment, 2 centimeter single renal pelvic stone. ________

F14n. Ureteroscopy with removal of calculus. ________

F15o. Initial evaluation and management of recurrent urinary tract infection in female. ________

F16p. Cystometrogram using calibrated electronic equipment for possible neurogenic disorder. ________

F17q. Cystourethroscopy with insertion of indwelling ureteral stent. ________

F18r. Semen analysis for infertility ________

F19s. Initial evaluation and management of unexplained renal failure in a 40 year old female. ________

F20t. Uncomplicated indirect inguinal hernia repair, 45 year old male. ________

21u. Bilateral vasectomy, including post-operative semen examinations. ________

G. MAGNITUDE ESTIMATION: COMPLEXITY (5)

Now we want you to provide a summary rating of the complexity of these same procedures. In making this summary rating, we want you to consider each of the other three components listed - that is technical skill and physical effort, mental effort and judgment, and concern about iatrogenic risk, regardless of the time a procedure or service takes to do.

If a diagnostic cystoscopy in hospital, ambulatory surgery, in male with microhematuria has a rating of 100, what number would you give the complexity of (the/a/an) (READ EACH)....

G1a. Total cystectomy and ileal loop, urinary diversion, with total radical lymphadenectomy. ________

INTERVIEWER CHECK: So this procedure is about _____ as complex as the standard?

G2b. Follow up hospital visit 2 days post uncomplicated TURP in 70 year old male. ________

INTERVIEWER CHECK: So this procedure is about _____ as complex as the standard?

G3c. Fulguration and resection of medium bladder tumor, 2 to 5 centimeters, in 65 year old male. ________

G4d. Office evaluation of new onset right lower quadrant pain in a 32 year old woman, established patient. ________

G5e. Insertion of non-inflatable, semi-rigid, penile prosthesis in 60 year old male. ________

G6f. Initial consult for infertility in 35 year old male. ________

G7g. Initial office evaluation for diagnosis and management of painless gross hematuria in new patient, without cystoscopy. ________

G8h. Transurethral resection of prostate, TURP, medium sized gland for BPH in 70 year old male. ________

G9i. Diagnostic cystoscopy, office procedure in male with microhematuria. ________

G10j. Initial evaluation and management of recurrent renal calculi in 40 year old male. ______

G11k. Cystoscopic laser therapy for superficial bladder tumor, in hospital. ______

INTERVIEWER CHECK: So this procedure is about _____ as complex as the standard?

G12l. Percutaneous nephrostolithotomy, one stage, 2 centimeter stone or less. ______

G13m. Extracorporeal shock wave lithotripsy, single treatment, 2 centimeter single renal pelvic stone. ______

G14n. Ureteroscopy with removal of calculus. ______

G15o. Initial evaluation and management of recurrent urinary tract infection in female. ______

G16p. Cystometrogram using calibrated electronic equipment for possible neurogenic disorder. ______

G17q. Cystourethroscopy with insertion of indwelling ureteral stent. ______

G18r. Semen analysis for infertility. ______

G19s. Initial evaluation and management of unexplained renal failure in a 40 year old female. ______

G20t. Uncomplicated indirect inguinal hernia repair, 45 year old male. ______

21u. Bilateral vasectomy, including post-operative semen examinations. ______

H. DEMOGRAPHIC DATA

Finally, I'd like to get some background information on you and your medical practice. I would like to remind you that all answers are confidential, and no individuals will be identified in any report.

H1. In your main medical practice, are you the owner of your own practice (full or part owner), are you employed by another physician or group of physicians, or are you an employee of some other kind of organization?

1 ☐ OWNER

2 ☐ EMPLOYED BY OTHER PHYSICIAN OR GROUP

3 ☐ OTHER ORGANIZATION (SKIP TO H3)

H2. Including yourself, how many physicians are associated with your practice for at least 20 hours a week?

______________ PHYSICIANS (SKIP TO H4)

H3. In what kind of organization are you employed in your main medical practice - a hospital, an HMO, or some other kind of organization? (What kind of organization?)

1 ☐ HOSPITAL

2 ☐ HMO

3 ☐ OTHER (SPECIFY) ______________________________

____

____

H4. Do you receive the majority of your compensation for practicing medicine from fee for service, from salary, or from some other arrangement?

1 ☐ FEE FOR SERVICE (SKIP TO H6)

2 ☐ SALARY

(SKIP TO H8)

3 ☐ OTHER

H5. (OMITTED)

H6. Do you or your practice have a contract with a preferred provider organization, or PPO?
[PROBE: A preferred provider organization or PPO markets the services of a select panel of health care providers for a discounted charge. The patients pay for services on a previously negotiated predominated fee-for-service basis. Also, patients have an economic incentive to use the panel rather than other health care providers.]
NOTE: A PPO IS NOT AN HMO.

1 [ ] YES

2 [ ] NO

H7. Are you or is your practice a member of an individual practice arrangement or IPA?
[PROBE: Under an IPA plan, a physician's practice would contract with an HMO to treat HMO patients on a fee-for-service basis.]

1 [ ] YES

2 [ ] NO

H8. Does the hospital where you perform most of your hospital work have a resident training program or not?

1 [ ] YES

2 [ ] NO (SKIP TO H11)

3 [ ] INAP, DOES NOT PROVIDE CARE IN ANY HOSPITAL (SKIP TO H12)

H9. Does that hospital have a resident training program in your specialty?

1 [ ] YES

2 [ ] NO

H10. Counting residents in all specialties, would you say that hospital has more or less than 50 residents in training?

1 [ ] MORE THAN 50

2 [ ] LESS THAN 50

H11. How many beds does that hospital have - fewer than 100, 100 to 300, 300 to 500, or over 500?

1 [ ] FEWER THAN 100

2 [ ] 100 TO 300

1 [ ] 300 TO 500

2 [ ] OVER 500

H12 In what year did you graduate from medical school?

____________ YEAR

H13 Are you board certified?

1 [ ] YES

2 [ ] NO (SKIP TO H14)

H13a. In what specialty are you certified?

____

____

H14. Do you or your practice accept assignment from Medicare patients for your services?

1 [ ] YES

2 [ ] NO

H15. Do you or your practice accept patients whose primary medical coverage is your state's Medicaid program?

1 [ ] YES

2 [ ] NO

H16. We need to get a general idea of your income, because that's a variable that may be related to how procedures are rated. We just need your answer in a large range. During 1986, about how much was your own income from your medical practice after expenses but before taxes. Please include fees, salaries, retainers and other forms of compensation.

Was it less than $100,000, 100,000 to $200,000, or over $200,000?

1 ☐ UNDER $100,000

Was it more or less than $70,000?

☐ UNDER $70,000
☐ OVER $70,000

2 ☐ $100,000 TO $200,000

Was it less than $125,000, $125,000 to $150,000, or over $150,000?

☐ LESS THAN $125,000
☐ $125,000 TO $150,000
☐ OVER $150,000

3 ☐ OVER $200,000

Was it more or less than $250,000?

☐ UNDER $250,000
☐ OVER $250,000

H17. Last, had you heard about this study before we contacted you about this interview?

1 ☐ YES

2 ☐ NO (THANK R AND CONCLUDE INTERVIEW)

H18. From what source was that?

____

Thank you for your time and help in answering these questions.

TIME NOW: ____________

Appendix I

INTERVIEWER COMMENTS

Appendix J

Materials Mailed to National Survey Physician Respondents

HARVARD UNIVERSITY
SCHOOL OF PUBLIC HEALTH

DEPARTMENT OF HEALTH POLICY AND MANAGEMENT
(617) 732 1090

677 Huntington Avenue
Boston, Massachusetts 02115

February/March 1987

Dear Doctor:

The Harvard School of Public Health is conducting a study on the relative complexity of certain medical and surgical procedures and services. We are writing to request your valuable assistance in this investigation.

The study, funded by the Health Care Financing Administration, will develop relative rating scales to measure various aspects of medical and surgical procedures. As you can see from the enclosed letter, the American Medical Association supports this project and expects that the results will make a valuable contribution to the ongoing discussions about physician reimbursement policy.

We would like to interview you to benefit from your knowledge of the time and effort required for various procedures and services in your medical specialty. To make the interview go more quickly, we have enclosed the list of the procedures and services you will be asked to rate, and the kinds of ratings that you will be asked to make. Having that list to look at when the interviewer calls will make the interview go more smoothly and save you time and effort.

All information is strictly confidential; results will be reported in the aggregate and no individuals will be identified. Your cooperation, however, will make a critical contribution to the representativeness and accuracy of the resulting data. It is important to the validity of the study that we make no substitutions once a physician is sampled.

An interviewer from the Center for Survey Research will be contacting your office soon to set up an appointment at your convenience for a telephone interview. It will last approximately 30 minutes. If you need to contact the Center for Survey Research, the telephone number is (617) 956-1150.

We hope that you will be able to participate in this important study. Thank you for your consideration.

Sincerely,

William Hsiao

William Hsiao, Ph.D.

Peter Braun MD

Peter Braun, M.D.

Appendix J

AMERICAN MEDICAL ASSOCIATION

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JAMES H. SAMMONS, M.D.
Executive Vice President
(645-4300)

January 23, 1987

Dear Doctor:

On behalf of the American Medical Association (AMA), I would like to emphasize the Association's support for the resource-based relative value scale (RVS) study being conducted by the Harvard School of Public Health. A scientific survey of physicians regarding their experiences with selected medical and surgical services will provide essential data for the study.

Your participation in this survey, which is more fully described by the Harvard researchers in their covering letter, will help ensure that the RVS study utilizes the best possible data on physician practices. I am confident that the study staff will make efficient use of your valuable time. Of course, your responses will be held in the strictest confidence, and survey results will in no way identify individual physicians.

The RVS study, when completed, should make a valuable contribution to ongoing discussions about physician reimbursement policy. Thus, the AMA is providing a variety of advisory and consultative functions for the project. These include:

- Recruitment, in cooperation with national specialty societies, of individual physicians for participation in 13 specialty-based technical consultant groups;
- Provision of data and analyses to the project; and
- Advice on the initial design of the study and continuing consultation and liaison with the project staff.

I hope you will be able to take part in this important survey of physicians. Your cooperation is greatly appreciated.

Sincerely,

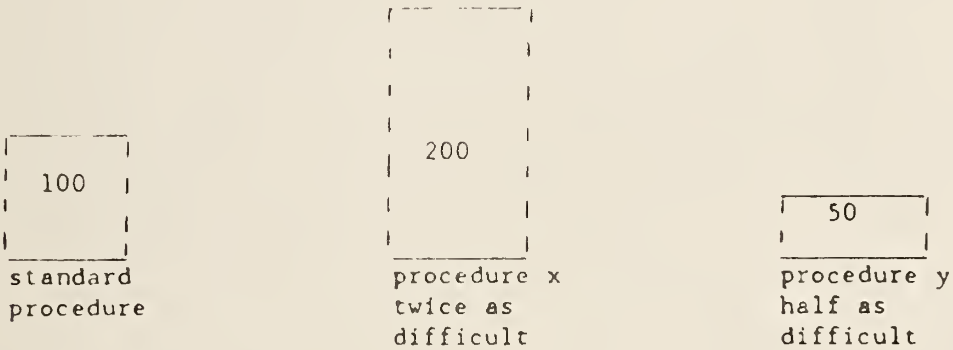
James H. Sammons, MD

James H. Sammons, M.D.

ABOUT USING MAGNITUDE ESTIMATION PROCEDURES

You will be asked to rate the relative complexity of procedures and services in your medical specialty by assigning them a number using a method called magnitude estimation. In this method, one service or procedure is used as a standard for comparison and given the value of 100. The procedure or service you are evaluating will be compared to this standard.

If you think procedure x is twice as difficult as the standard (which has a value of 100) you would give the procedure a value of 200. If you think procedure y is half as difficult as the standard, you would give it a 50. If a procedure is 5 times as difficult as the standard, your answer would be 500; if it is one-fifth as difficult, your answer would be 20.


100
standard procedure
200
procedure x twice as difficult
50
procedure y half as difficult

ALLERGY AND IMMUNOLOGY PROCEDURES AND SERVICES

The following is a list of the procedures and services you will be asked to compare to a pre-selected standard. In addition, you will be asked to give time estimates for each procedure and service.

The standard is a follow-up office visit for pharmacological management of 30 year old female with hay fever.

The procedures and services you will compare to this standard are:

a. Intracutaneous, intradermal, tests with stinging insects, immediate reaction (15-20 min) 11-15 tests.
b. Office visit, established patient, 6 year old child with sore throat and headache.
c Percutaneous tests with allergenic extracts, 1st 30.
d Intradermal tests with allergenic extracts, 1st 10.
e Direct hospital admission for care of young adult patient, who has failed previous therapy and now presents in acute asthmatic attack.
f Initial office visit for evaluation of child with chronic wheezing.
g Single injection for immunotherapy, antigen supplied by another source.
h. Interpretation of pulmonary function tests, FVC, FEV, FEF.
i Fibroscopic exam of nasal, choanal, pharynx for nasal polyps.
j. Inhalation bronchial challenge testing with histamine, methacholine, or similar compound; not including necessary pulmonary function tests.
k Professional services for supervision and provision of antigens for allergen immunotherapy.
l. Evaluation of 6 year old male with multiple infections, new patient.
m Application and reading of intradermal tests with antigens for immune deficiency evaluation.
n Initial office evaluation of adult with chronic recurrent hives, new patient.
o Office visit with 45 year old male, established patient, with chronic asthma, on chronic steroid and bronchodilator therapy.
p. Medical conference by physician regarding medical management with patient and/or family; counseling for avoidance, elimination, symptomatic treatment, and immunotherapy.
q. Interpretation of serum immunoelectrophoresis.
r. Direct hospital admission of 62 year old smoker established patient with bronchitis, in acute respiratory distress.

You will rate these procedures and services compared to the standard on each of the following five dimensions:

I Overall amount of work, the total time and effort the procedure/service requires This is an overall rating that includes time and the three components that reflect its complexity - technical skill and physical effort, mental effort and judgment, and iatrogenic risk.

II The level of technical skill and physical effort, including the manual skill and dexterity needed to perform the procedure/service

III The level of mental effort and judgment required to perform the procedure/service

IV. The iatrogenic risk; that is, the risk of iatrogenic harm or complications for the patient. This may include the risk associated with mis-diagnosis. Consider in your rating the stress on a physician due to concern about these risks.

V The level of complexity in performing the procedure/service. Complexity is a combined summary rating of the technical skill and physical effort, mental effort and judgment, and concern about iatrogenic risk the procedure/service entails, regardless of the time it takes to do.

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